


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90191 005 \*\*\*\*61.25

**DOCUMENT # N04000009980**  
 1. Entity Name  
**THE EVELYN FOUNDATION, INC.**



Principal Place of Business  
**3858-S SHERIDAN ST.  
 HOLLYWOOD, FL 33021**

Mailing Address  
**3858-S SHERIDAN ST.  
 HOLLYWOOD, FL 33021**

**40036522**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-2099179** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SCHECHTER, STUART**  
**3858 SHERIDAN ST.**  
**HOLLYWOOD, FL 33021**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3858-S SHERIDAN ST.**  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to: Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SCHECHTER, RACHEL J	3140 N 52ND AVENUE	HOLLYWOOD, FL 33021	<input type="checkbox"/>
P	FEINGOLD, KATE	3353 DOVECOTE MEADOW LANE	DAVIE, FL 33328	<input type="checkbox"/>
VP,	SCHECHTER, STUART	3140 N. 52ND AVE.	HOLLYWOOD, FL 33021	<input type="checkbox"/>
S	FEINGOLD, ROBERT	3353 DOVECOTE MEADOW LANE	DAVIE, FL 33328	<input type="checkbox"/>
T	COHN, ANDY	110 EAST 36TH ST.	NEW YORK, NY 10028	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>3858-S SHERIDAN ST.</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		<b>3858-S SHERIDAN ST.</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		<b>1 UNIVERSITY PLACE - APT. 19M</b>	<b>NEW YORK, N.Y. 10003</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stuart A. Schechter, V.P.* **STUART A. SCHECHTER** 2/17/08 961-6111 <sup>954-</sup>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #