

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009980

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: THE EVELYN FOUNDATION, INC.

**Current Principal Place of Business:**

3858-S SHERIDAN ST.  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3858-S SHERIDAN ST.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 20-2099179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHECHTER, STUART  
3858 S. SHERIDAN ST.  
HOLLYWOOD, FL 33021      US

**Name and Address of New Registered Agent:**

SCHECHTER, STUART  
3858-S. SHERIDAN ST.  
HOLLYWOOD, FL 33021      US

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.

SIGNATURE: \_\_\_\_\_ Date: 04/25/2009  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHECHTER, RACHEL J  
Address: 3858 S. SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete  
Name: FEINGOLD, KATE  
Address: 3353 DOVECOTE MEADOW LANE  
City-St-Zip: DAVIE,, FL 33328

Title: VP, ( ) Delete  
Name: SCHECHTER, STUART  
Address: 3858 S. SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete  
Name: FEINGOLD, ROBERT  
Address: 3353 DOVECOTE MEADOW LANE  
City-St-Zip: DAVIE, FL 33328

Title: T ( ) Delete  
Name: COHN, ANDY  
Address: 1 UNIVERSITY PLACE APT. 19M  
City-St-Zip: NEW YORK, NY 10003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART A SCHECHTER      VP,      Date: 04/25/2009  
Electronic Signature of Signing Officer or Director