

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90083 016 ****61.25

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1. Entity Name
BERNARD R. AND CAROL KOSSAR FOUNDATION, INC.



Principal Place of Business
**3100 OCEAN BLVD #705 NORTH
PALM BEACH, FL 33480**

Mailing Address
**3100 OCEAN BLVD #705 NORTH
PALM BEACH, FL 33480**

40032901



DO NOT WRITE IN THIS SPACE

01292007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
36-3826425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOSSAR, BERNARD R
3100 OCEAN BLVD #705 NORTH
PALM BEACH, FL 33480**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOSSAR, BERNARD R
3100 OCEAN BLVD #705 NORTH
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOSSAR, CAROL K
3100 OCEAN BLVD #705 NORTH
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STUART, STEPHANIE K
190 EAST 72ND STREET
NEW YORK, NY 10021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KOSSAR, VALERIE L
200 EAST 72ND STREET
NEW YORK, NY 10021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Bernard R. Kossar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 *561-585-6260*
Date Daytime Phone #