


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

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N40619
1. Entity Name
**THE STANLEY & PEARL GOODMAN CHARITABLE
FOUNDATION, INC.**



Principal Place of Business Mailing Address
1745 SOUTHEAST 10TH STREET 1745 SOUTHEAST 10TH STREET
FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
65-0231916 Not Applicable

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

6. Name and Address of Current Registered Agent

GOODMAN, STANLEY S.
1745 SOUTHEAST 10TH STREET

FT. LAUDERDALE, FL 33316

**DO NOT WRITE
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 _____ (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	D
NAME	GOODMAN, STANLEY S.
STREET ADDRESS	1745 SOUTHEAST 10TH STR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	GOODMAN, PEARL C
STREET ADDRESS	1745 SOUTHEAST 10TH STR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	GOODMAN, LAURIE S.
STREET ADDRESS	62 UNDERCLIFF ROAD
CITY-ST-ZIP	MONTCLAIR, NJ
TITLE	D
NAME	GOODMAN, ARNOLD L.
STREET ADDRESS	5024 THE RIVERA ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	GOODMAN, NANETTE S.
STREET ADDRESS	16512 KIPLING RD.
CITY-ST-ZIP	ROCKVILLE, MD
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000604189
01/29/07-80043-023 61.25

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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: Stanley S Goodman Date: 01/25/07 Daytime Phone #: 984-524-5264