


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

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40619</b>		
1. Entity Name <b>THE STANLEY &amp; PEARL GOODMAN CHARITABLE FOUNDATION, INC.</b>		
Principal Place of Business 1745 SOUTHEAST 10TH STREET FT. LAUDERDALE, FL 33316	Mailing Address 1745 SOUTHEAST 10TH STREET FT. LAUDERDALE, FL 33316	



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0231916</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

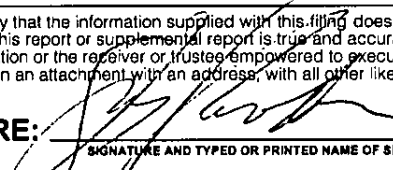
U00000775274  
 01/08/08-80022-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, STANLEY S. 1745 SOUTHEAST 10TH STR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, PEARL C 1745 SOUTHEAST 10TH STR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, LAURIE S. 62 UNDERCLIFF ROAD MONTCLAIR, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, ARNOLD L. 5024 THE RIVERA ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, NANETTE S. 16512 KIPLING RD. ROCKVILLE, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:**  **STANLEY S. GOODMAN** / 4 / 2008 954 524 5264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #