2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000442

1. Entity Name
THE GEORGE AND IDA MESTEL FOUNDATION, INC.

Principal Place of Business	Mailing Address
3800 S. OCEAN DRIVE #1704 HOLLYWOOD, FL 33019	3800 S. OCEAN DRIVE #1704 HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0559509

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MESTEL, STANLEY
3800 S. OCEAN DR., APT. 1704
HOLLYWOOD, FL 33019

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MESTEL, STANLEY
STREET ADDRESS	3800 S. OCEAN DRIVE, APT. 1704
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	DS
NAME	RICH, ELAINE
STREET ADDRESS	4300 VIA DOLCE, APT. 102
CITY-ST-ZIP	MARINA DEL REY, CA 90292
TITLE	S
NAME	MESTEL, BERNICE
STREET ADDRESS	3800 SOUTH OCEAN DR., APT. 1704
CITY-ST ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/06-80022-012 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 STANLEY MESTEL 1/10/06 954-457-8399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #