

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

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

**DOCUMENT # N95000000442**

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



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

Mailing Address  
**3800 S. OCEAN DRIVE  
#1704  
HOLLYWOOD, FL 33019**



01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0559509**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

00000058849  
01/08/07-80049-016 61.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 954-457-8399  
Date Daytime Phone #