

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 003 ****61.25

| | | | | | |
|---|---|--|---|---------------------------------------|---|
| DOCUMENT # N07000012315 | | | | | |
| 1. Entity Name THEODORE P. AND BONNIE M. COHEN CHARITABLE FOUNDATION, INC. | | | | | |
| Principal Place of Business 1900 CONSULATE PLACE #1503 WEST PALM BEACH, FL 33401 US | | | Mailing Address 1900 CONSULATE PLACE #1503 WEST PALM BEACH, FL 33401 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number | |
| 02072008 Chg-NP | | | | CR2E037 (12/06) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| G B & B-B REGISTRIES, LLC 7301 SW 57TH COURT SUITE 560 SOUTH MIAMI, FL 33143 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE P | NAME COHEN, THEODORE P | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1900 CONSULATE PLACE #1503 | CITY-ST-ZIP WEST PALM BEACH, FL 33401 | | | NAME | |
| TITLE VP S | NAME COHEN, BONNIE M | | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1900 CONSULATE PLACE #1503 | CITY-ST-ZIP WEST PALM BEACH, FL 33401 | | | STREET ADDRESS | |
| TITLE VP | NAME COHEN, SHARI J | | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 22 LAWRIDGE DRIVE | CITY-ST-ZIP RYE BROOK, NY 10573 | | | STREET ADDRESS | |
| TITLE VP | NAME COHEN, DEBRA R | | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 16 ELM WAY STREET | CITY-ST-ZIP PROVIDENCE, RI 02906 | | | STREET ADDRESS | |
| TITLE VP | NAME COHENURAM, WENDY L | | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 12 PARK DRIVE | CITY-ST-ZIP FAIRFIELD, CT 06825 | | | STREET ADDRESS | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 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: <i>Theodore P. Cohen</i> | | | Date: <i>2/29/08</i> Daytime Phone #: <i>561-687-6656</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |