2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N07000012315

Entity Name: THEODORE P. AND BONNIE M. COHEN CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1900 CONSULATE PLACE
#1503
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1900 CONSULATE PLACE
#1503
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

G B & B-B REGISTRIES, LLC
7301 SW 57TH COURT
SUITE 560
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	COHEN, THEODORE P	
Address:	1900 CONSULATE PLACE #1503	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	VP S	( ) Delete
Name:	COHEN, BONNIE M	
Address:	1900 CONSULATE PLACE #1503	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	VP	( ) Delete
Name:	COHEN, SHARI J	
Address:	22 LAWRIDGE DRIVE	
City-St-Zip:	RYE BROOK, NY 10573 US	
Title:	VP	( ) Delete
Name:	COHEN, DEBRA R	
Address:	16 ELM WAY STREET	
City-St-Zip:	PROVIDENCE, RI 02906 US	
Title:	VP	( ) Delete
Name:	COHENURAM, WENDY L	
Address:	12 PARK DRIVE	
City-St-Zip:	FAIRFIELD, CT 06825 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE P COHEN PRES 04/10/2009

Electronic Signature of Signing Officer or Director — Date