

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000012315

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

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC7430843120**

**Current Principal Place of Business:**

1900 CONSULATE PLACE  
#1503  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

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

**FEI Number: 26-1639732**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title P  
Name COHEN, THEODORE P  
Address 1900 CONSULATE PLACE #1503  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP S  
Name COHEN, BONNIE M  
Address 1900 CONSULATE PLACE #1503  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name COHEN, SHARI J  
Address 22 LAWRIDGE DRIVE  
City-State-Zip: RYE BROOK NY 10573

Title VP  
Name COHEN, DEBRA R  
Address 2927 NORTHAMPTON ST NW  
City-State-Zip: WASHINGTON DC 20015

Title VP  
Name COHENURAM, WENDY L  
Address 12 PARK DRIVE  
City-State-Zip: FAIRFIELD CT 06825

I hereby 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 all other like empowered.

**SIGNATURE: THEODORE P. COHEN**

**PRESIDENT**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date