

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001333

**FILED**  
**Jan 29, 2018**  
**Secretary of State**  
**CC7841522076**

**Entity Name:** THE LARRY A. AND EDITH R. COHEN FOUNDATION, INC.

**Current Principal Place of Business:**

10343 E. HIWAY 30-A  
325 THE VILLAGE  
SEACREST BEACH, FL 32413

**Current Mailing Address:**

P.O. BOX 6888  
ATHENS, GA 30604 US

**FEI Number: 86-0856937**

**Certificate of Status Desired: No**

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

COHEN, LARRY A  
10343 E. HIWAY 30-A  
325 THE VILLAGE  
SEACREST BEACH, FL 32413 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            PRES  
Name            COHEN, LARRY A  
Address        P.O. BOX 611131  
City-State-Zip: ROSEMARY BEACH FL 32461

Title            VP/T  
Name            COHEN, EDITH R  
Address        P.O. BOX 611131  
City-State-Zip: ROSEMARY BEACH FL 32461

Title            DIRE  
Name            COHEN, ROBYN M  
Address        5070 PEACHTREE BLVD.  
                  APT. 1203  
City-State-Zip: CHAMBLEE GA 30341

Title            DIRE  
Name            COHEN, MARK I  
Address        110 AUTRY LANDING WAY  
City-State-Zip: ALPHARETTA GA 30022

Title            DIRE  
Name            COHEN, JOHN M  
Address        1785 SAUNDERSVILLE FERRY ROAD  
City-State-Zip: MT. JULIET TN 37122

*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: LARRY A. COHEN**

**PRESIDENT**

**01/29/2018**

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

\_\_\_\_\_  
Date