2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03116

1. Entity Name
SCHLESINGER, COHEN, LOZMAN, CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1233 OLD DIXIE HWY LAKE PARK, FL 33403 US	% FRED L. COHEN PO BOX 1838 JUPITER, FL 33468 US

DO NOT WRITE IN THIS SPACE

01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2471227
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, FRED L
1233 OLD DIXIE HWY
LAKE PARK, FL 33403

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, JACQUELINE R MS
STREET ADDRESS	625 E. LANCASTER AVENUE, APT. C-307 (WYNDO
CITY-ST-ZIP	WYNNEWOOD, PA 19096
TITLE	PD
NAME	COHEN, FRED L.
STREET ADDRESS	1233 OLD DIXIE HWY
CITY-ST-ZIP	LAKE PARK, FL
TITLE	D
NAME	COHEN, VANNE D
STREET ADDRESS	1233 OLD DIXIE HWY
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000441748
03/07/06-80015-001 61.25

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: Fred L. Cohen 02/16/06 (561)627-7485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #