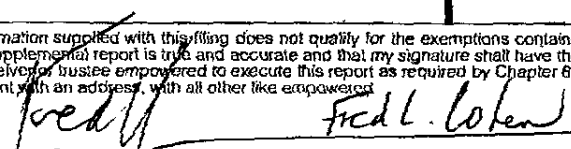


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 1233 OLD DIXIE HWY LAKE PARK, FL 33403 US		Mailing Address % 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE		
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		100000444748 03/07/06-80015-001 61.25 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JACQUELINE R MS 625 E. LANCASTER AVENUE, APT. C-307 (WYNDO WYNNEWOOD, PA 19098	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, FRED L. 1233 OLD DIXIE HWY LAKE PARK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, VANNE D 1233 OLD DIXIE HWY 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		
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 (876) 627-7485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #