

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 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**



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2471227

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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-STATE-ZIP WYNNEWOOD, PA 19096

TITLE PD
NAME COHEN, FRED L.
STREET ADDRESS 1233 OLD DIXIE HWY
CITY-STATE-ZIP LAKE PARK, FL

TITLE D
NAME COHEN, VANNE D
STREET ADDRESS 1233 OLD DIXIE HWY
CITY-STATE-ZIP LAKE PARK, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000866384
03/23/07-80067-015 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/26/07 7561/6274985