

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 11, 2009  
Secretary of State**

DOCUMENT# N03116

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

**Current Principal Place of Business:**

1233 OLD DIXIE HWY  
LAKE PARK, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

% FRED L. COHEN  
PO BOX 1838  
JUPITER, FL 33468 US

**New Mailing Address:**

FEI Number: 59-2471227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MANISCALCO, JACQUELINE R MRS.  
Address: 1343 HARRIS ROAD  
City-St-Zip: DRESHER, PA 19025 US

Title: PD ( ) Delete  
Name: COHEN, FRED L.,  
Address: 1233 OLD DIXIE HWY  
City-St-Zip: LAKE PARK, FL 33403 US

Title: D ( ) Delete  
Name: COHEN, VANNE D  
Address: 1233 OLD DIXIE HWY  
City-St-Zip: LAKE PARK, FL 33403 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRED L. COHEN

PRES

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date