


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90001 009 ****61.25

DOCUMENT # N06416
 1. Entity Name
GEORGE M. COHEN FOUNDATION, INC.



Principal Place of Business
 2000-1 HENDRICKS AVENUE
 STE #61
 JACKSONVILLE, FL 32207

Mailing Address
 2000-1 HENDRICKS AVENUE
 STE #61
 JACKSONVILLE, FL 32207

54067692



08062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
8265 Bayberry Road
 Suite, Apt. #, etc.

3. Mailing Address
8265 Bayberry Road
 Suite, Apt. #, etc.

City & State
Jacksonville Florida

City & State
Jacksonville Florida

Zip
32256 Country
USA

Zip
32256 Country
USA

4. FEI Number
59-2469069

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HULL, DAVID J
225 W. WATER ST
SUITE 1800
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WILSON, CAROLYN M	
STREET ADDRESS	8265 BAYBERRY ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, DAVID MUNRO	
STREET ADDRESS	4615 ASTRAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HULL, DAVID J	
STREET ADDRESS	227 SOUTH CALHOUN ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNSFORD, TRAVIS	
STREET ADDRESS	4153 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Carolyn Munro	
STREET ADDRESS	8265 Bayberry Road	
CITY-ST-ZIP	Jacksonville, Florida 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hull, David J.	
STREET ADDRESS	225 W. Water St., Suite 1800	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carolyn Munro Wilson* *Aug. 6, 2004* *739-1311*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Carolyn Munro Wilson