


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90021 045 ****61.25

DOCUMENT # N06416					
1. Entity Name GEORGE M. COHEN FOUNDATION, INC.					
Principal Place of Business 8265 BAYBERRY ROAD JACKSONVILLE, FL 32256 US			Mailing Address 8265 BAYBERRY ROAD JACKSONVILLE, FL 32256 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08092007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2469069	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HULL, DAVID J 225 W. WATER ST SUITE 1800 JACKSONVILLE, FL 32202			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 _____ 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 September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNRO WILSON, CAROLYN		NAME		
STREET ADDRESS	8265 BAYBERRY ROAD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32256		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVID MUNRO		NAME		
STREET ADDRESS	4615 ASTRAL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32205		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, DAVID J		NAME		
STREET ADDRESS	225 W. WALTER ST., SUITE 1800		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32202		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNSFORD, TRAVIS		NAME		
STREET ADDRESS	4153 SAN JOSE BLVD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32207		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jessica Noel West	
STREET ADDRESS			STREET ADDRESS	8265 Bayberry Road	
CITY - ST - ZIP			CITY - ST - ZIP	Jacksonville, Florida 32256	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Carolyn Munro Wilson</i>			8-9-07		904-739-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #