

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06416

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: GEORGE M. COHEN FOUNDATION, INC.

**Current Principal Place of Business:**

8265 BAYBERRY ROAD  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

8265 BAYBERRY ROAD  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 59-2469069      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HULL, DAVID J  
225 W. WATER ST  
SUITE 1800  
JACKSONVILLE, FL 32202 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: PTD ( ) Delete  
Name: MUNRO WILSON, CAROLYN  
Address: 8265 BAYBERRY ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: WILSON, DAVID MUNRO  
Address: 4615 ASTRAL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete  
Name: HULL, DAVID J  
Address: 225 W. WALTER ST., SUITE 1800  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: LUNSFORD, TRAVIS  
Address: 4153 SAN JOSE BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: WEST, JESSICA N  
Address: 8265 BAYBERRY RD  
City-St-Zip: JACKSONVILLE, FL 32256

**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:

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: CAROLYN MUNRO WILSON

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date