


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N50382 1. Entity Name THE COOPER FAMILY FOUNDATION, INC.	
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Principal Place of Business 50 W. 34TH ST., SUITE 18-B-8 NEW YORK, NY 10001	Mailing Address 50 W. 34TH ST., SUITE 18-B-8 NEW YORK, NY 10001
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0354458	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 GART, DAVID A C/O SHUTTS & BOWEN 250 AUSTRALIAN AVE., S., SUITE 500 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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 remaining) DATE _____


Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDROFF, HARRY ONE PENNSYLVANIA STE 5335 NEW YORK, NY 101190219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLANDER, MARY 60 RIVERSIDE PARK NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ARLENE 6 WEST 77TH STREET, APT. 6B NEW YORK, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000228753
02/14/05-80053-001.61.25

**DO NOT WRITE
IN THIS SPACE**

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:  2/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #