

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N96000006302

1. Entity Name

STANLEY AND GALA COHEN FOUNDATION, INC.



Principal Place of Business

4842 FISHER ISLAND
FISHER ISLAND, FL 33109

Mailing Address

4842 FISHER ISLAND
FISHER ISLAND, FL 33109



04302007 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0715705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, STANLEY
4842 FISHER ISLAND
FISHER ISLAND, FL 33109

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEN, STANLEY
4842 FISHER ISLAND
FISHER ISLAND, FL 33109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEN, GALA
4842 FISHER ISLAND
FISHER ISLAND, FL 33109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MISHKIN, NELSON C.P.A.
323 NORRISTOWN ROAD
SPRING HOUSE, PA 19477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY COHEN

4/30/07

Date

Daytime Phone #