

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90034 021 \*\*\*\*61.25

**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**

**66002583**



01182008 No Chg-NP CR2E037 (4/06)

**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**

**DO NOT WRITE  
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)

**1-26-08**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **STANLEY COHEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/08** **3054017775**  
Date Daytime Phone #