2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006302

FILED Jan 09, 2009 Secretary of State

Entity Name: STANLEY AND GALA COHEN FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4842 FISHER ISLAND FISHER ISLAND, FL 33109 **Current Mailing Address: New Mailing Address:** 4842 FISHER ISLAND FISHER ISLAND, FL 33109 FEI Number: 65-0715705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, STANLEY 4842 FISHER ISLAND FISHER ISLAND, FL 33109 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COHEN, STANLEY Name: Name: Address: 4842 FISHER ISLAND Address: City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COHEN, GALA Name: Address: 4842 FISHER ISLAND Address: City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: Title: () Delete Title: () Change () Addition MISHKIN, NELSON C.P.A. Name: Name: Address: 323 NORRISTOWN ROAD Address: City-St-Zip: SPRING HOUSE, PA 19477 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: STANLEY COHEN PRES 01/09/2009