

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004637

FILED
Feb 26, 2007
Secretary of State

Entity Name: ALAN AND MYRNA COHEN FAMILY FOUNDATION, INC.

Current Principal Place of Business:

300 SE 5TH AVE.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

300 SE 5TH AVE.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0775713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ALAN
300 SE 5TH AVE.
BOCA RATON, FL 33432 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: PD () Delete
Name: COHEN, ALAN
Address: 300 S E 5TH AVE
City-St-Zip: BOCA RATON, FL 33432

Title: DVPS () Delete
Name: COHEN, MYRNA
Address: 300 S E 5TH AVE
City-St-Zip: BOCA RATON, FL 33432

Title: DVPT () Delete
Name: FEIGENBAUM, STEPHEN
Address: 745 FIFTH AVE 1506
City-St-Zip: NUNY, NY 10151

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN COHEN

PD

02/26/2007

Electronic Signature of Signing Officer or Director

Date