

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005806

**Entity Name:** MASCAREEN COHEN INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

1017 EMILY'S WALK LANE E  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

1017 EMILY'S WALK LANE E  
JACKSONVILLE, FL 32221

**FEI Number:** 20-3344679

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, MASCAREEN  
1017 EMILY'S WALK LANE E  
JACKSONVILLE, FL 32221 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

**Officer/Director Detail :**

Title PD  
Name COHEN, MASCAREEN  
Address 1017 EMILY'S WALK LANE E  
City-State-Zip: JACKSONVILLE FL 32221

Title TD  
Name COHEN, EARL  
Address 2349 MCCARTY DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

Title D, DIRECTOR  
Name LOPEZT, MANUEL  
Address 2011 WEST 11TH STREET  
City-State-Zip: JACKSONVILLE FL 32221

Title VPD  
Name JORDAN, BERNARD E BISHOP  
Address 1 HIGH MEADOW  
City-State-Zip: SADDLE RIVER NJ 07458

Title D, DIRECTOR  
Name BEASLEY, DEBRA  
Address 1017 EMILY WALK LANE EAST  
City-State-Zip: JACKSONVILLE FL 32221

*I hereby 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 all other like empowered.*

**SIGNATURE:** MASCAREEN COHEN

**PRESIDENT**

**04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date