

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06416

**Entity Name:** GEORGE M. COHEN FOUNDATION, INC.

**Current Principal Place of Business:**

8265 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8265 BAYBERRY ROAD  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-2469069

**Certificate of Status Desired:** No

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

HULL, DAVID J  
ONE INDEPENDENT DR.  
SUITE 3300  
JACKSONVILLE, FL 32202 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           PTD  
Name           MUNRO WILSON, CAROLYN  
Address        8265 BAYBERRY ROAD  
City-State-Zip: JACKSONVILLE FL 32256

Title           SD  
Name           HULL, DAVID J  
Address        ONE INDEPENDENT DR., SUITE 3300  
City-State-Zip: JACKSONVILLE FL 32202

Title           DIRECTOR  
Name           YARBROUGH, JAMES E  
Address        8625 WINCHESTER DR.  
City-State-Zip: JACKSONVILLE FL 32217-4829

Title           DIRECTOR  
Name           CHRISTENSEN, GLORIA S  
Address        1105 COLOMBO ST.  
City-State-Zip: JACKSONVILLE FL 32207-3013

*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:** CAROLYN MUNRO WILSON

**PRESIDENT**

**02/01/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date