

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06626

Entity Name: THE COLEN FOUNDATION, INC**Current Principal Place of Business:**8435 SW 80TH STREET
SUITE 2
OCALA, FL 34481**Current Mailing Address:**8435 SW 80TH STREET
SUITE 2
OCALA, FL 34481 US**FEI Number:** 59-2474711**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEN, GERALD R
C/O COLEN & WAGONER, P.A.
7243 BRYAN DAIRY RD
LARGO, FL 33777 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	DP
Name	COLEN, INA A
Address	2291 WORLD PKWY BLVD WEST
City-State-Zip:	CLEARWATER FL 33763

Title	DST
Name	COLEN, GERALD RESQ
Address	7243 BRYAN DAIRY ROAD
City-State-Zip:	LARGO FL 33777

Title	DAS
Name	COLEN, ROBERT
Address	8435 SW 80TH STREET SUITE 2
City-State-Zip:	OCALA FL 34481

Title	DVP
Name	COLEN, KENNETH D
Address	8435 SW 80TH STREET SUITE 2
City-State-Zip:	OCALA FL 34481

Title	DAS
Name	COLEN, LESLEE R
Address	2291 WORLD PKWY BLVD. W.
City-State-Zip:	CLEARWATER FL 33763

Title	AS
Name	ORTIZ, BARBARA
Address	8435 SW 80TH STREET SUITE 2
City-State-Zip:	OCALA FL 34481

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: BARBARA ORTIZ**CONTROLLER****04/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date