

2022 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.
1756 N BELCHER RD.
CLEARWATER, FL 33765 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, KENNETH D
Address 8435 SW 80TH STREET
SUITE 2
City-State-Zip: Ocala FL 34481Title DVP
Name COLEN, LESLEE R
Address 2291 WORLD PKWY BLVD. W.
City-State-Zip: CLEARWATER FL 33763Title AS
Name ORTIZ, BARBARA
Address 8435 SW 80TH STREET
SUITE 2
City-State-Zip: Ocala FL 34481Title DST
Name COLEN, GERALD RESQ
Address 7243 BRYAN DAIRY ROAD
City-State-Zip: LARGO FL 33777Title DAS
Name COLEN, ROBERT
Address 8435 SW 80TH STREET
SUITE 2
City-State-Zip: Ocala FL 34481Title AS
Name BERGEN, STEPHANIE
Address 7243 BRYAN DAIRY RD
City-State-Zip: LARGO FL 33777

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**ASSISTANT SECRETARY** 03/04/2022_____
Electronic Signature of Signing Officer/Director Detail_____
Date