

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004294

Entity Name: THE BEN COHEN STANDUP FOUNDATION, INC.**Current Principal Place of Business:**154 KROG STREET
SUITE 100
ATLANTA, GA 30307**Current Mailing Address:**154 KROG STREET
SUITE 100
ATLANTA, GA 30307 US**FEI Number:** 45-2133934**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETITT, RICHARD T
4830 WEST KENNEDY BLVD
SUITE 475
TAMPA, FL 33609 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	D
Name	COHEN, BEN C
Address	GROVE BARN NORTHHAMPTON ROAD WEST HADDON
City-State-Zip:	NORTHHAMPTON,ENGLAND NN6 7AS XX XXXXX-X

Title	D
Name	DAVIS, PATRICK
Address	154 KROG STREET SUITE 100
City-State-Zip:	ATLANTA GA 30307

Title	D
Name	DOERFLER, ALISON
Address	154 KROG STREET SUITE 100
City-State-Zip:	ATLANTA GA 30307

Title	D
Name	PETITT, RICHARD T
Address	4830 WEST KENNEDY BLVD., SUITE 475
City-State-Zip:	TAMPA FL 33609-2654

Title	VC
Name	BEAN, BILLY
Address	154 KROG STREET SUITE 100
City-State-Zip:	ATLANTA GA 30307

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: ALISON DOERFLER**EXECUTIVE DIRECTOR****01/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date