

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004652

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: LORETTA AND RUDY BENEVOLENCE FOUNDATION, INC.

**Current Principal Place of Business:**

15107 N.E. 6TH AVENUE  
MIAMI, FL 33162

**New Principal Place of Business:**

P.O. BOX 848787  
PEMBROKE PINES, FL 33084

**Current Mailing Address:**

15107 N.E. 6TH AVENUE  
MIAMI, FL 33162

**New Mailing Address:**

P.O. BOX 848787  
PEMBROKE PINES, FL 33084

FEI Number: 55-0836664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROLLE, APRIL E  
15107 N.E. 6TH AVENUE  
MIAMI, FL 33162 US

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

ROLLE, APRIL E  
2051 N.W. 76 TERRACE  
PEMBROKE PINES, FL 33024 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:

04/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CFOD ( ) Delete  
Name: ROLLE, APRIL E  
Address: 15107 N.E. 6TH AVENUE  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: ROLLE, JONATHAN E  
Address: 15107 N.E. 6TH AVENUE  
City-St-Zip: MIAMI, FL 33162

Title: VCD ( ) Delete  
Name: STAFFORD, RANDOLPH P  
Address: 1112 GENERAL MACARTHUR DR.  
City-St-Zip: BRENTWOOD, TN 37027

Title: SD ( ) Delete  
Name: STAFFORD, DEBRAH L  
Address: 1112 GENERAL MACARTHUR DR.  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: BROWN, BO  
Address: 3419 SOMERSET DRIVE  
City-St-Zip: LOS ANGELES, CA 90016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CFOD (X) Change ( ) Addition  
Name: ROLLE, APRIL E  
Address: 2051 N.W. 76 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Change ( ) Addition  
Name: ROLLE, JONATHAN E  
Address: 2051 N.W. 76 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: APRIL E. ROLLE

CFOD

04/05/2005

Electronic Signature of Signing Officer or Director

Date