

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008448 1. Entity Name BENSE FAMILY FOUNDATION, INC.	
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Principal Place of Business 1405 WEST BEACH DR. PANAMA CITY, FL 32401	Mailing Address 1405 WEST BEACH DR. PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1573625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY, P.A.
225 WATER ST., STE. 1800
JACKSONVILLE, FL 32202

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSE, ALLAN G 1405 WEST BEACH DR. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSE, TONIE L 1405 WEST BEACH DR. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSE, COURTNEY M 1405 WEST BEACH DR. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DERWIN 4116 HW 231 PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, RICHARD 4116 HWY 231 PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MIKE 3209 COUNTRY CLUB DR LYNN HAVEN, FL 32444

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U00000687103
04/10/07-80027-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allen G. Bense D. 3/28/07 850-215-3416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #