

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90007 029 ****61.25

DOCUMENT # N04000008448

1. Entity Name
BENSE FAMILY FOUNDATION, INC.



Principal Place of Business
**1405 WEST BEACH DR.
 PANAMA CITY, FL 32401**

Mailing Address
**1405 WEST BEACH DR.
 PANAMA CITY, FL 32401**

40058296



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03242008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
20-1573625

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSE, ALLAN G 1405 WEST BEACH DR. PANAMA CITY, FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSE, TONIE L 1405 WEST BEACH DR. PANAMA CITY, FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSE, COURTNEY M 1405 WEST BEACH DR. PANAMA CITY, FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DERWIN 4116 HW 231 PANAMA CITY, FL 32404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, RICHARD 4116 HWY 231 PANAMA CITY, FL 32404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MIKE 3209 COUNTRY CLUB DR LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alan Bense **3/28/08** **850-215-3456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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40058296

Annual Report Online Filing

Document Number N04000008448
Business Entity Name BENSE FAMILY FOUNDATION, INC.

FEI Number 20 - 1573625

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes **No** \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes **No**

Principal Place of Business

Address 1405 WEST BEACH DR (PO Box not acceptable)
Suite, Apt. #, etc.
City, State PANAMA CITY, FL
Zip Code & Country 32401

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

Mailing address same as principal address

Address 1405 WEST BEACH DR
Suite, Apt. #, etc.
City, State PANAMA CITY, FL
Zip Code & Country 32401

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA SMITH HULSEY & BUSEY, P.A.

Street Address In Florida 225 WATER ST., STE. 1800 (PO Box not acceptable)
Suite, Apt. #, etc.
City, State JACKSONVILLE, FL
Zip Code & Country 32202 US

ATTACHMENT.

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NO 4000008448

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title D
Name (Last, First, Middle, Title) BENSE , ALLAN , G ,
- OR -

Entity Name to serve as Officer/Director

Street Address 1405 WEST BEACH DR.
City, State PANAMA CITY , FL
Zip Code & Country 32401

Name And Address #2

Title D
Name (Last, First, Middle, Title) BENSE , TONIE , L ,
- OR -

Entity Name to serve as Officer/Director

Street Address 1405 WEST BEACH DR.
City, State PANAMA CITY , FL
Zip Code & Country 32401

Name And Address #3

Title D
Name (Last, First, Middle, Title) BENSE , COURTNEY , M ,
- OR -

Entity Name to serve as Officer/Director

Street Address 1405 WEST BEACH DR.
City, State PANAMA CITY , FL
Zip Code & Country 32401

Name And Address #4

ATTACHMENT

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Title D
Name (Last, First, Middle, Title) WHITE, DERWIN
- OR -

Entity Name to serve as Officer/Director

Street Address 4116 HW 231
City, State PANAMA CITY, FL
Zip Code & Country 32404

Name And Address #5

Title D
Name (Last, First, Middle, Title) DODD, RICHARD
- OR -

Entity Name to serve as Officer/Director

Street Address 4116 HWY 231
City, State PANAMA CITY, FL
Zip Code & Country 32404

Name And Address #6

Title D
Name (Last, First, Middle, Title) BROWN, MIKE
- OR -

Entity Name to serve as Officer/Director

Street Address 3209 COUNTRY CLUB DR
City, State LYNN HAVEN, FL
Zip Code & Country 32444

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title *President*
Officer/Director Signature *all Ben 3/16/08*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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