

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008448

FILED
Feb 21, 2009
Secretary of State

Entity Name: BENSE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1405 WEST BEACH DR.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1405 WEST BEACH DR.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 20-1573625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENSE, ALLAN G
Address: 1405 WEST BEACH DR.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BENSE, TONIE L
Address: 1405 WEST BEACH DR.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BENSE, COURTNEY M
Address: 1405 WEST BEACH DR.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: WHITE, DERWIN
Address: 4116 HWY 231
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: DODD, RICHARD
Address: 4116 HWY 231
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: BROWN, MIKE
Address: 3209 COUNTRY CLUB DR
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENSE, ALLAN G DP
Address: 1405 WEST BEACH DR.
City-St-Zip: PANAMA CITY, FL 32401

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

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

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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 exemption stated 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 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: ALLAN G. BENSE

DP

02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date