

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90060 005 ****61.25



DOCUMENT # N28114
 1. Entity Name
BENNETT M. LIFTER FOUNDATION, INC.

Principal Place of Business: 18425 NW 2 AVE, SUITE 305 - P O BOX 694645, MIAMI FL 33169
 Mailing Address: 18425 NW 2 AVE, SUITE 305 - P O BOX 694645, MIAMI FL 33169
BENNETT M. LIFTER, INC.

How Wes



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: **BENNETT M. LIFTER, INC.**, P.O. BOX 694645, 17760 NW 2nd AVE., STE. 200, MIAMI, FL 33269-1645
 3. Mailing Address: **P.O. BOX 694645**, 17760 NW 2nd AVE., STE. 200, Suite, **MIAMI, FL 33269-1645**

City & State: MIAMI, FL
 Zip: 33169
 Country: FL

4. FEI Number: 65-0080906
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LIFTER, BENNETT M.
 18425 N.W. 2ND AVENUE, SUITE 305
 MIAMI FL 33169

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **17760 NW 2ND AVE #200**
 City: **Miami** FL Zip Code: **33169**

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

FILE NOW: FEE IS \$61.25!
Due By May 1, 2005

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: D <input type="checkbox"/> Delete	NAME: LIFTER, BENNETT M. STREET ADDRESS: 18425 NW 2ND AVENUE CITY-ST-ZIP: MIAMI FL 33169
TITLE: D <input type="checkbox"/> Delete	NAME: LIFTER, BAYLA STREET ADDRESS: 18425 NW 2ND AVENUE CITY-ST-ZIP: MIAMI FL 33169
TITLE: D <input type="checkbox"/> Delete	NAME: WOLIN, NANCY STREET ADDRESS: 18425 NW 2ND AVENUE CITY-ST-ZIP: MIAMI FL 33169
TITLE: <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: 17760 NW 2ND AVE #200 CITY-ST-ZIP: MIAMI, FL 33169
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: 17760 NW 2ND AVE #200 CITY-ST-ZIP: MIAMI, FL 33169
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: 17760-NW 2ND AVE #200 CITY-ST-ZIP: MIAMI, FL 33169
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Bennett M. Lifter* 2/4/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #