

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002357**

1. Entity Name  
**BERNECKER CHARITABLE FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**16900 SW 216TH STREET**      **16900 SW 216TH STREET**  
**GOULDS, FL 33170**              **GOULDS, FL 33170**

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**65-0411305**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERNECKER, ROBERT G**  
**16900 SW 216TH STREET**  
**GOULDS, FL 33170**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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	PSTD BERNECKER, ROBERT G 16900 SW 216TH STREET GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, LUKE P 17275 SW 256TH STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNECKER, DONALD L 16961 SW 276TH STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/16/04-80046-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**       **1/13/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #