


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002357
 1. Entity Name
BERNECKER CHARITABLE FOUNDATION, INC.



Principal Place of Business
16900 SW 216TH STREET
GOULDS, FL 33170

Mailing Address
16900 SW 216TH STREET
GOULDS, FL 33170



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0411305	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

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

Filing Fee is \$61.25
Due by May 1, 2006

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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1101000384330
 01/12/06-81009-001 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: Robert Bernecker Pres 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #