


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N93000002357 1. Entity Name BERNECKER CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 16900 SW 216TH STREET GOULDS, FL 33170	Mailing Address 16900 SW 216TH STREET GOULDS, FL 33170
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DO NOT WRITE IN THIS SPACE

01092008 No Chg-NP		CR2E037 (4/06)
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

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$81.25
Due by May 1, 2008

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

U000000782142
 01/15/08-80063-005 61.25

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	

DO NOT WRITE IN THIS SPACE

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 G. Bernecker* 1/14/08 207M3027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #