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

01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0411305
Applied For
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 _____ 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, 2004

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

10.	OFFICERS AND DIRECTORS
TITLE	PSTD
NAME	BERNECKER, ROBERT G
STREET ADDRESS	16900 SW 216TH STREET
CITY-ST-ZIP	GOULDS, FL 33170
TITLE	D
NAME	BENSON, LUKE P
STREET ADDRESS	17275 SW 256TH STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	D
NAME	BERNECKER, DONALD L
STREET ADDRESS	16961 SW 276TH STREET
CITY-ST-ZIP	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)(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: _____ 1/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #