

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 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**

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**85-0411305**

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**

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1/000000179913  
01/13/05-80036-022 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #