2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# N98000006821

Entity Name: THE BENT FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1125 NORTH ELLIS ROAD
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

1125 NORTH ELLIS ROAD
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3544613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONAHOO, THOMAS M
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BENT, JAMES
Address: 1125 N. ELLIS RD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: VPD ( ) Delete
Name: BENT, PATRICIA
Address: 1125 N. ELLIS RD.
City-St-Zip: JACKSONVILLE, FL 322254

Title: VPD ( ) Delete
Name: BENT, JAMES V.E.
Address: 1125 N. ELLIS RD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: SD ( ) Delete
Name: MACRAE, PATRICIA B
Address: 1125 N. ELLIS RD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD ( ) Delete
Name: BENT, R. PAUL
Address: 1125 N. ELLIS RD.
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABBEY K. REDDEN CPA 01/03/2006

Electronic Signature of Signing Officer or Director — Date