

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008448

**Entity Name:** BENSE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1405 WEST BEACH DR.  
PANAMA CITY, FL 32401

**Current Mailing Address:**

1405 WEST BEACH DR.  
PANAMA CITY, FL 32401

**FEI Number:** 20-1573625

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH HULSEY & BUSEY, P.A.  
ONE INDEPENDENT DRIVE  
SUITE 3300  
JACKSONVILLE, FL 32202 US

*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

**Officer/Director Detail :**

Title D  
Name BENSE, ALLAN GDP  
Address 1405 WEST BEACH DR.  
City-State-Zip: PANAMA CITY FL 32401

Title D  
Name BENSE, TONIE L  
Address 1405 WEST BEACH DR.  
City-State-Zip: PANAMA CITY FL 32401

Title D  
Name WEATHERFORD, COURTNEY M  
Address 1405 WEST BEACH DR.  
City-State-Zip: PANAMA CITY FL 32401

Title D  
Name BROWN, MIKE  
Address 3209 COUNTRY CLUB DR  
City-State-Zip: LYNN HAVEN FL 32444

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALLAN BENSE

D

02/03/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date