

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006821

**Entity Name:** THE BENT FAMILY FOUNDATION, INC.**Current Principal Place of Business:**1125 NORTH ELLIS ROAD  
JACKSONVILLE, FL 32254**Current Mailing Address:**1125 NORTH ELLIS ROAD  
JACKSONVILLE, FL 32254**FEI Number: 59-3544613****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DONAHOO, THOMAS M  
50 NORTH LAURA STREET  
SUITE 2925  
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	PD
Name	BENT, JAMES
Address	1125 N. ELLIS RD.
City-State-Zip:	JACKSONVILLE FL 32254

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

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

Title	VPD
Name	BENT, PATRICIA
Address	1125 N. ELLIS RD.
City-State-Zip:	JACKSONVILLE FL 32254

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

Title	DIRECTOR
Name	MACRAE, CARY
Address	1125 N ELLIS RD
City-State-Zip:	JACKSONVILLE FL 32254

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: JAMES BENT****PRESIDENT****04/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date