# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2009**
**Secretary of State**

DOCUMENT# F04000005430

**Entity Name:** THE BENNIE AND MARTHA BENJAMIN FOUNDATION, INC.

**Current Principal Place of Business:**

110 EAST 59TH STREET
C/O BRAUN AND GOLDBERG
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID A. BEALE, P.A.
355 N.E. 5TH AVENUE, SUITE 1
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number: 13-3555717** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BEALE, DAVID A
355 N.E. 5TH AVENUE, SUITE 1
DELRAY BEACH, FL 33483 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: DP ( ) Delete
Name: ALBERT, JACK N
Address: 7500 BONDSBERRY COURT
City-St-Zip: BOCA RATON, FL 33434

Title: DS ( ) Delete
Name: BEALE, DAVID A
Address: 355 N.E. 5TH AVENUE, SUITE 1
City-St-Zip: DELRAY BEACH, FL 33483

Title: DT ( ) Delete
Name: BRAUN, SEYMOUR
Address: 110 EAST 59TH STREET, S-321
City-St-Zip: NEW YORK, NY 10022

**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:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A. BEALE DS 03/02/2009

Electronic Signature of Signing Officer or Director — Date