

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90754 036 ****61.25

DOCUMENT # N00000000631					
1. Entity Name THE BENEVOLENT EMPIRE FOUNDATION, INC.					
Principal Place of Business 426 CEDAR CREEK RD PALATKA, FL 32177			Mailing Address 426 CEDAR CREEK RD PALATKA, FL 32177		
2. Principal Place of Business 3227 River Rd. Suite, Apt. #, etc.		3. Mailing Address 3227 River Rd. Suite, Apt. #, etc.			
City & State Green Cove Springs, FL Zip 32043 Country		City & State Green Cove Springs, FL Zip 32043 Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, DENNIS L 6620 SOUTHPPOINT DR. SOUTH, SUITE 200 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME PRINGLE, RITA S STREET ADDRESS 426 CEDAR CREEK RD CITY-ST-ZIP PALATKA, FL 32177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FOWLER, CYNTHIA STREET ADDRESS 715 WALNUT STREET CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete		TITLE S NAME Connie Meyer STREET ADDRESS 715 Walnut Street CITY-ST-ZIP Green Cove Springs, FL 32043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SIMONIC, NICHOLAS STREET ADDRESS 8750 PERIMETER PARK CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARBER, STEVE STREET ADDRESS 4721 SUSSEX AVE CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STRICKLAND, CYNTHIA STREET ADDRESS 5328 107TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Rita S. Pringle</i> Rita S. Pringle			4/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					