

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90077 022 ****61.25

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # N04000002723 1. Entity Name EMORY L BENNETT FOUNDATION, INC. | | | | | |
| Principal Place of Business PO BOX 560803 ROCKLEDGE, FL 32956-0803 | | | Mailing Address PO BOX 560803 ROCKLEDGE, FL 32956-0803 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 56-2299750 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BENNETT, MICHAEL E 12 BURLINGTON AVENUE ROCKLEDGE, FL 32955 | | | | Name BENNETT, MICHAEL E. | |
| CHANGE OF ADDRESS - ONLY | | | | Street Address (P.O. Box Number is Not Acceptable) 43 PATRICK LANE | |
| | | | | City ROCKLEDGE FL Zip Code 32955 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <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 | DC | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BENNETT, JOHN M <input type="checkbox"/> Delete | | NAME | | |
| STREET ADDRESS | ONE SOUTH PALMWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE, FL 329552841 | | CITY-ST-ZIP | | |
| TITLE | DP <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BENNETT, MICHAEL E | | NAME | OP BENNETT, MICHAEL E. | |
| STREET ADDRESS | 12 BURLINGTON AVE | | STREET ADDRESS | 43 Patrick Lane | |
| CITY-ST-ZIP | ROCKLEDGE, FL 329552908 | | CITY-ST-ZIP | Rockledge, Fl 323955 | |
| TITLE | DT <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BENNETT, JOHN MICHAEL | | NAME | | |
| STREET ADDRESS | 12 BURLINGTON AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE, FL 329552908 | | CITY-ST-ZIP | | |
| TITLE | DS <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHMIDT, DANIEL | | NAME | DS SCHMIDT, DANIEL | |
| STREET ADDRESS | 30 WEST AZALEA CIRCLE | | STREET ADDRESS | 43 Patrick Lane | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | | CITY-ST-ZIP | Rockledge, Fl 323955 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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>John Michael Bennett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Feb 2, 2005 (321) 636-9682 <small>Date Day and Phone #</small> | | |