

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

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**



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
56-2299750 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BENNETT, MICHAEL E
43 PATRICK LANE
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
BENNETT, JOHN M
ONE SOUTH PALMWAY
ROCKLEDGE, FL 329552841**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BENNETT, MICHAEL E
43 PATRICK LANE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BENNETT, JOHN MICHAEL
12 BURLINGTON AVE
ROCKLEDGE, FL 329552908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SCHMIDT, DANIEL
43 PATRICK LANE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000430103
02/22/06-80032-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John M. Bennett*

Feb 8 2006