

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 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**



01132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2299750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000907813  
05/06/08-80004-003 61.25

**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 DANDREA, JONATHAN 737 WHITE PINE AVENUE ROCKLEDGE, FL 32955
----------------------------------------------------	-------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

**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 Michael Bennett* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-16-2008* 321-652-6604

Date

Daytime Phone #