


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.	
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Principal Place of Business PO BOX 560803 ROCKLEDGE, FL 32956-0803	Mailing Address PO BOX 560803 ROCKLEDGE, FL 32956-0803
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	

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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 4-16-2008 321-652-6604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #