

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90425 002 ****61.25

DOCUMENT # N05000007004

1. Entity Name
THE BENJAMANIA EDUCATIONAL INITIATIVE, INC.



Principal Place of Business
**2246 WAUTOMA PLACE
ORLANDO, FL 32818**

Mailing Address
**2246 WAUTOMA PLACE
ORLANDO, FL 32818**

40070555



04262006 Chg-NP CR2E037 (11/05)

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENJAMIN, WILLIAM E
2246 WAUTOMA PLACE
ORLANDO, FL 32818**

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

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME BENJAMIN, WILLIE L
STREET ADDRESS 970 KEATON PARKWAY
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BENJAMIN, WILLIAM E
STREET ADDRESS 2246 WAUTOMA PLACE
CITY-ST-ZIP ORLANDO, FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BENJAMIN, TANGELA R
STREET ADDRESS 2246 WAUTOMA PLACE
CITY-ST-ZIP ORLANDO, FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME GAY, AKITA N
STREET ADDRESS 2406 KILLARNEY WAY
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BENJAMIN, BEATRICE M
STREET ADDRESS 970 KEATON PARKWAY
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HENRY, TARA B
STREET ADDRESS 5010 BRANDED OAKS COURT
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06
Date

Daytime Phone #