

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

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90044 033 ****61.25

DOCUMENT # N20902

1. Entity Name
THE SAM BERMAN CHARITABLE FOUNDATION, INC.



Principal Place of Business
**16251 NW 54TH AVE
MIAMI GARDENS, FL 33014 US**

Mailing Address
**16251 NW 54TH AVE
MIAMI GARDENS, FL 33014 US**

40050392



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2812513

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

**BERMAN, CAROLE
16251 NW 54TH AVE
MIAMI GARDENS, FL 33014**

**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 renewing)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BERMAN, CAROLE
16251 NW 54TH AVE
MIAMI GARDENS, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HARRISON, LYDIA
16251 NW 54TH AVE
MIAMI GARDENS, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WHEELER, SUSAN
16251 NW 54TH AVE
MIAMI GARDENS, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T, VP
GREENWALD, SHERYL
16251 N.W. 54TH AVE
MIAMI GARDENS, FL 33014**

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:

Carole Berman President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLE BERMAN, President

3/6/08 305-624-9666
Date Daytime Phone #