2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N21382

1. Entity Name
THE DIANNE AND MICHAEL BIENES CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
ADOM-AEF CHRIS SAILSBURY #AEF MIAMI SHORES, FL 33138	9401 BISCAYNE BLVD #AEF MIAMI SHORES, FL 33138

04222005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0016668
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROGAN, FRANCIS B JR.
515 EAST LAS OLAS BLVD., STE. 1500
FT. LAUDERDALE, FL 33301

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000346389
04/30/05-80075-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLY, VINCENT T MONSIGN
STREET ADDRESS	4595 BAYVIEW DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VSD
NAME	BIENES, DIANNE K
STREET ADDRESS	141 BAY COLONY DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	TD
NAME	BIENES, MICHAEL
STREET ADDRESS	141 BAY COLONY DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ASTD
NAME	BROGAN, FRANCIS B JR.
STREET ADDRESS	515 EAST LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	SHAHEEN, SUE
STREET ADDRESS	2541 NW 107TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
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 exemption stated in Section 119.07(3)(i), 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: _____ 4/27/05 305.762.1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #