

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90080 029 ****61.25

DOCUMENT # N28114

1. Entity Name
BENNETT M. LIFTER FOUNDATION, INC.



Principal Place of Business
PO BOX 694645
17760 NW 2ND AVE STE 200
MIAMI, FL 33269-1645

Mailing Address
PO BOX 694645
17760 NW 2ND AVE STE 200
MIAMI, FL 33269-1645

4000000000



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0080906

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LIFTER, BENNETT M.
17760 NW 2ND AVE #200
MIAMI, FL 33169

**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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LIFTER, BENNETT M.
STREET ADDRESS 17760 NW 2ND AVE #200
CITY-ST-ZIP MIAMI, FL 33169

TITLE D
NAME LIFTER, BAYLA
STREET ADDRESS 17760 NW 2ND AVE #200
CITY-ST-ZIP MIAMI, FL 33169

TITLE D
NAME WOLIN, NANCY
STREET ADDRESS 17760 NW 2ND AVE
CITY-ST-ZIP MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bennett M. Lifter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06

Date

3056525506

Daytime Phone #