

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N47834

1. Entity Name

BON BERGER, INC.



**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

NE 56 CT  
FT LAUDERDALE FL 33334  
US

Mailing Address

140 NE 56TH COURT  
FT LAUDERDALE FL 33334  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0326385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

DONJOIE, JOCELYN E  
140 N.E. 56 COURT  
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE: D ☐ Delete  
NAME: DONJOIE, JOCELYN E  
STREET ADDRESS: 3613 SW 14TH ST  
CITY- ST- ZIP: FT LAUDERDALE FL

TITLE: D ☐ Delete  
NAME: JOSEPH, MARGARETT  
STREET ADDRESS: 5940 NE 1ST AVE  
CITY- ST- ZIP: FORT LAUDERDALE FL 33334

TITLE: D ☐ Delete  
NAME: JEAN, WANDA  
STREET ADDRESS: 3604 SW 13TH CT.  
CITY- ST- ZIP: FT. LAUDERDALE FL

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
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CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: 000000750552  
CITY- ST- ZIP: 05/18/07-80068-001 75.00

TITLE: ☐ Change ☐ Addition  
NAME:  
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CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 amendment with an address, with all other like empowered.

SIGNATURE

4/24/2007