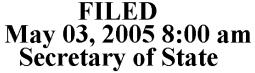
2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N94000006093 MONROE E. AND SUZETTE M. BERKMAN FOUNDATION, Principal Place of Business Mailing Address

3401 S. BEACH DR TAMPA, FL 33629

BERKMAN, MONROE E 3401 S. BEACH DR



05-03-2005 90149 028 ****61.25



3401 S.	BE	ACH	DR
TAMPA,	Æ	336	29



CR2E037 (10/03)

Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

_	
4. FEI Number	Applied For
59-3283577	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

02182005 No Chg-NP

TAMPA, F	L 33629		IN .	THIS SPACE	
	er e				
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or a	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered	Agent signsture	a required when reinstating)	DATE	
	Filing Fee Is \$61.25 Due by May 1, 2005 9. Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUSSBAUM, PAUL 3401 S. BEACH DR. TAMPA, FL 33629				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V V BERKMAN, SUZETTE M 3401 S BEACH DR TAMPA, FL 33629				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKMAN, KIRSTEN S 3401 S. BEACH DR. TAMPA, FL 33629	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D + PRES. MONROE, E. BERKMAN 3401 S. BEACH DR. TANYA, FL. 33629			THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADORESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under certify it at 1 am an officer or director of the control of t					

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: