

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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May 03, 2005 8:00 am
Secretary of State

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

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1. Entity Name
**MONROE E. AND SUZETTE M. BERKMAN FOUNDATION,
INC.**



Principal Place of Business

3401 S. BEACH DR
TAMPA, FL 33629

Mailing Address

3401 S. BEACH DR
TAMPA, FL 33629



02182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3283577

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERKMAN, MONROE E
3401 S. BEACH DR
TAMPA, FL 33629**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NUSSBAUM, PAUL
STREET ADDRESS	3401 S. BEACH DR.
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	D + VP
NAME	BERKMAN, SUZETTE M
STREET ADDRESS	3401 S BEACH DR
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	D
NAME	BERKMAN, KIRSTEN S
STREET ADDRESS	3401 S. BEACH DR.
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	D + PRES.
NAME	MONROE, E. BERKMAN
STREET ADDRESS	3401 S. BEACH DR.
CITY - ST - ZIP	TAMPA, FL 33629
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 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:

Monroe E. Berkman **MONROE E. BERKMAN** 4/26/05 (813) 335-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #