

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006093

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**

DO NOT WRITE IN THIS SPACE



02162006 No Chg-NP

CR2E037 (11/05)

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 re-registering)

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

000000502960
04/26/06-80013-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NUSSBAUM, PAUL
STREET ADDRESS	3401 S. BEACH DR.
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	DVP
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	DP
NAME	BERKMAN, MONROE E
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/06 (813) 833-6790