

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

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # N95000006052

1. Entity Name
BESNER FAMILY FOUNDATION, INC.



Principal Place of Business
**21050 NE 38TH AVE
APT. 402
AVENTURA, FL 33180 US**

Mailing Address
**21050 NE 38TH AVE
APT. 402
AVENTURA, FL 33180 US**



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0641079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BESNER, JOANNE
21050 NE 38TH AVE
APT 402
AVENTURA, FL 33180**

**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's signature required when reappointing)

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	PD
NAME	BESNER, STANLEY
STREET ADDRESS	21050 NE 38TH AVE APT 402
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	VSTD
NAME	BESNER, JOANNE A
STREET ADDRESS	21050 NE 38TH AVE APT 402
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	D
NAME	BESNER, BRAD N
STREET ADDRESS	10433 SOUTH LAKE VISTA CIRCLE
CITY - ST - ZIP	DAVIE, FL 33328
TITLE	D
NAME	COHEN, BRANDY
STREET ADDRESS	10303 SW 26TH ST
CITY - ST - ZIP	DAVIE, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000322009
04/21/05-80100-010 61.25

**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:

Joanne Besner **JOANNE BESNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

Daytime Phone #