



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 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
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DO NOT WRITE IN THIS SPACE

	
01282007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0641079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BESNER, JOANNE 21050 NE 38TH AVE APT 402 AVENTURA, FL 33180	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000639004 02/28/07-80009-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BESNER, STANLEY 21050 NE 38TH AVE APT 402 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BESNER, JOANNE A 21050 NE 38TH AVE APT 402 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESNER, BRAD N 10433 SOUTH LAKE VISTA CIRCLE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, BRANDY 10303 SW 26TH ST DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joanne Besner **JOANNE BESNER** 2/13/07 305-932-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #