

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000002056

1. Entity Name
HEMISPHERE BENEFIT FUND, INC.



**FILED
Feb 13, 2006 8:00 am
Secretary of State**

02-13-2006 90007 037 ****61.25

6014538



02092006 Chg-NP CR2E037 (11/05)

Principal Place of Business
3175 SOUTH CONGRESS AVENUE
SUITE 301
PALM SPRINGS, FL 33461

Mailing Address
3175 SOUTH CONGRESS AVENUE
SUITE 301
PALM SPRINGS, FL 33461

2. Principal Place of Business
1555 PALM BEACH LAKES BLV.

3. Mailing Address
1555 PALM BEACH LAKES BLV.

Suite, Apt. #, etc.
SUITE 920

Suite, Apt. #, etc.
SUITE 920

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33401

Zip
33401

Country

4. FEI Number
65-0908114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRENSHAW, KENNETH B.
3175 SOUTH CONGRESS AVENUE
SUITE 301
PALM SPRINGS, FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

1555 PALM BEACH LAKES BLVD
SUITE 920

City

WEST PALM BEACH FL Zip Code 33401

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

2-9-06

Filing Fee is \$61.25.
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Delete
NAME CRENshaw, KENNETH B.
STREET ADDRESS 3175 SOUTH CONGRESS AVENUE SUITE 301
CITY-ST-ZIP PALM SPRINGS, FL 33461

TITLE Change Addition
NAME
STREET ADDRESS 1555 PALM BEACH LAKES BLVD, STE 920
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D Delete
NAME CRENshaw, PHILLIP T
STREET ADDRESS 3175 SOUTH CONGRESS AVENUE SUITE 301
CITY-ST-ZIP PALM SPRINGS, FL 33461

TITLE Change Addition
NAME
STREET ADDRESS 1555 PALM BEACH LAKES BLVD, STE 920
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D Delete
NAME GUENNETTE, RICHARD W
STREET ADDRESS 3175 SO CONGRESS AVE STE 301
CITY-ST-ZIP PALM SPRINGS, FL 33461

TITLE Change Addition
NAME
STREET ADDRESS 1555 PALM BEACH LAKES BLVD, STE 920
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

2-9-06

561-439-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #