

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N99000002056					
1. Entity Name HEMISPHERE BENEFIT FUND, INC.					
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 BLVD. Suite, Apt. #, etc. SUITE 920		3. Mailing Address 1555 PALM BEACH LAKES BLVD. Suite, Apt. #, etc. SUITE 920		60014538 	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-0908114	
Zip 33401		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRENSHAW, KENNETH B. 3175 SOUTH CONGRESS AVENUE SUITE 301 PALM SPRINGS, FL 33461			7. Name and Address of New Registered Agent 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%; text-align: right;"> DATE 2-9-06 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 <input type="checkbox"/> Delete NAME CRENSHAW, KENNETH B. STREET ADDRESS 3175 SOUTH CONGRESS AVENUE SUITE 301 CITY-ST-ZIP PALM SPRINGS, FL 33461	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1555 PALM BEACH LAKES BLVD, STE 920 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP				
TITLE D <input type="checkbox"/> Delete NAME CRENSHAW, PHILLIP T STREET ADDRESS 3175 SOUTH CONGRESS AVENUE SUITE 301 CITY-ST-ZIP PALM SPRINGS, FL 33461	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1555 PALM BEACH LAKES BLVD # 920 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP				
TITLE D <input type="checkbox"/> Delete NAME GUENNETTE, RICHARD W. STREET ADDRESS 3175 SO CONGRESS AVE STE 301 CITY-ST-ZIP PALM SPRINGS, FL 33461	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1555 PALM BEACH LAKES BLVD # 920 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.					
SIGNATURE: 2-9-06 561-439-6100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					