


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003553**

1. Entity Name  
**THE SHIRLEY G. BENEROFE FOUNDATION INC.**



Principal Place of Business  
**4 NEW KING STREET  
PURCHASE, NY 10577**

Mailing Address  
**POST OFFICE BOX 339  
PURCHASE, NY 10577-0339**

**DO NOT WRITE IN THIS SPACE**



07262004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**13-4031176**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.  
526 EAST PARK AVENUE  
SUITE 200  
TALLAHASSEE, FL 32301**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relating)  
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

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

**U00000169211  
08/02/04-80015-008 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEROFE, ANDREW R 18 COTTAGE AVENUE PURCHASE, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEROFE, JAMES C 28 ETHELRIDE ROAD WHITE PLAINS, NY 10605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEROFE, MITCHELL I 15 HUTCHINSON COURT GREAT NECK, NY 11023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(f), 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]* **9/14-681-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #