2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000001096

Entity Name: HAROLD & MURIEL BERKMAN CHARITABLE FOUNDATION,

INC.

Current Principal Place of Business:

3900 NEWHAVEN LAKE DRIVE WELLINGTON, FL 33449-8043

Current Mailing Address:

3900 NEWHAVEN LAKE DRIVE WELLINGTON, FL 33449-8043

FEI Number: 46-5520735 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTIN, NICHOLAS E 2800 PONCE DE LEON BLVD, STE 800 CORAL GABLES, FL 33134 US

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.

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Jan 15, 2018

Secretary of State

CC7288630025

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name BERKMAN, HAROLD W PHD Name BERKMAN, MURIEL

Address 3900 NEWHAVEN LAKE DRIVE Address 3900 NEWHAVEN LAKE DRIVE City-State-Zip: WELLINGTON FL 33449-8043 City-State-Zip: WELLINGTON FL 33449-8043

Title **DIRECTOR** Title DIRECTOR

Name BERKMAN, KAREN A PH.D Name MARTINEZ-MALO, MARTHA

Address 10242 ESTUARY DRIVE Address 201 ALHAMBRA CIRCLE, 14TH FL

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: TAMPA FL 33647

Title **DIRECTOR** Title DIRECTOR

Name BABIN, BARRY J PHD Name BERRY, STUART

Address HEAD OF DEPT. OF MARKETING Address 201 ALHAMBRA CIRCLE, 14TH FL

City-State-Zip: RUSTON LA 71272 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR Title DIRECTOR

Name BABIN, LAURIE PHD KREY, NINA PHD Name

Address UNIVERSITY OF LOUSIANA 812 SUNFLOWER WAY Address

COLLEGE OF BUSINESS ADM. 700

UNIVERSITY AVENUE

City-State-Zip: MONROE LA 71209-0140

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD BERKMAN, PHD

MANTUA NJ 08051

PRESIDENT

01/15/2018