

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001096

**Entity Name:** HAROLD & MURIEL BERKMAN CHARITABLE FOUNDATION, INC.

**FILED**  
**Apr 20, 2023**  
**Secretary of State**  
**9698255315CC**

**Current Principal Place of Business:**

17031 KENTONTRACE TERRACE  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

17031 KENTONTRACE TERRACE  
LAKEWOOD RANCH, FL 34202 US

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BERKMAN, KAREN A PH.D.  
Address        40 HORSEFEATHER LANE  
City-State-Zip: HENDERSONVILLE NC 28792

Title           DIRECTOR  
Name           BERKMAN, KAREN A PH.D.  
Address        40 HORSEFEATHER LANE  
City-State-Zip: HENDERSONVILLE NC 28792

Title           DIRECTOR  
Name           BERRY, STUART  
Address        201 ALHAMBRA CIRCLE, 14TH FL  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           BABIN, BARRY J PHD  
Address        HEAD OF DEPT. OF MARKETING  
City-State-Zip: RUSTON LA 71272

Title           DIRECTOR  
Name           KREY, NINA PHD  
Address        812 SUNFLOWER WAY  
City-State-Zip: MANTUA NJ 08051

Title           DIRECTOR  
Name           BABIN, LAURIE PHD  
Address        UNIVERSITY OF LOUISIANA  
COLLEGE OF BUSINESS ADM. 700  
UNIVERSITY AVENUE  
City-State-Zip: MONROE LA 71209-0140

Title           SECRETARY  
Name           MOULARD, JULIE PHD  
Address        458 LOBLOLLY LANE  
City-State-Zip: CHOUDRANT LA 71227

Title           DIRECTOR  
Name           MOULARD, JULIE PHD  
Address        458 LOBLOLLY LANE  
City-State-Zip: CHOUDRANT LA 71227

**Continues on page 2**

*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: KAREN A. BERKMAN**

**PRESIDENT**

**04/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BRAUE, LARRY PHD  
Address        16421 SPRING VALLEY ROAD  
City-State-Zip: DADE CITY FL 33523

Title           TREASURER  
Name           BERKMAN, KAREN A PHD  
Address        40 HORSEFEATHER LANE  
City-State-Zip: HENDERSONVILLE NC 28792