

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001096

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

**FILED**  
**Apr 06, 2019**  
**Secretary of State**  
**3905829166CC**

**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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BERKMAN, HAROLD W PHD  
Address        3900 NEWHAVEN LAKE DRIVE  
City-State-Zip: WELLINGTON FL 33449-8043

Title           VP  
Name           BERKMAN, MURIEL  
Address        3900 NEWHAVEN LAKE DRIVE  
City-State-Zip: WELLINGTON FL 33449-8043

Title           DIRECTOR  
Name           BERKMAN, KAREN A PH.D  
Address        10242 ESTUARY DRIVE  
City-State-Zip: TAMPA FL 33647

Title           DIRECTOR  
Name           MARTINEZ-MALO, MARTHA  
Address        201 ALHAMBRA CIRCLE, 14TH FL  
City-State-Zip: CORAL GABLES FL 33134

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

*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 W. BERKMAN, PHD**

**PRESIDENT**

**04/06/2019**

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

\_\_\_\_\_  
Date