2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000004021

1. Entity Name
FA BENE FOUNDATION, INC.

Principal Place of Business
151 CRANDON BLVD, #925
KEY BISCAYNE, FL 33149

Mailing Address
151 CRANDON BLVD, #925
KEY BISCAYNE, FL 33149

03032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0523860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS`, JOCELYN
151 CRANDON BLVD, #925
KEY BISCAYNE, FL 33149

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

√ **Filing Fee is $61.25**
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	WATKINS, JOHN M
STREET ADDRESS	151 CRANDON BLVD, #925
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	DVT
NAME	WATKINS, JOCELYN H. K
STREET ADDRESS	151 CRANDON BLVD, #925
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	ROSSMAN, STEPHEN
STREET ADDRESS	44 WEST FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/07-80044-016 61.25

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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 all other like empowered.

SIGNATURE: _____ March 3, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #