

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004021

**FILED**  
**Apr 21, 2009**  
**Secretary of State****Entity Name:** FA BENE FOUNDATION, INC.**Current Principal Place of Business:**151 CRANDON BLVD, #925  
KEY BISCAYNE, FL 33149**New Principal Place of Business:****Current Mailing Address:**151 CRANDON BLVD, #925  
KEY BISCAYNE, FL 33149**New Mailing Address:**FEI Number: 65-0523860      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )**Name and Address of Current Registered Agent:**WATKINS, JOCELYN  
151 CRANDON BLVD, #925  
KEY BISCAYNE, FL 33149      US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**Title: DPS (  ) Delete  
Name: WATKINS, JOHN M  
Address: 151 CRANDON BLVD, #925  
City-St-Zip: KEY BISCAYNE, FL 33149Title: DVT (X) Delete  
Name: WATKINS, JOCELYN H. K  
Address: 151 CRANDON BLVD, #925  
City-St-Zip: KEY BISCAYNE, FL 33149Title: D (  ) Delete  
Name: ROSSMAN, STEPHEN  
Address: 44 WEST FLAGLER ST.  
City-St-Zip: MIAMI, FL 33130**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DPS (X) Change (  ) Addition  
Name: WATKINS, JOCELYN H K  
Address: 151 CRANDON BLVD, #925  
City-St-Zip: KEY BISCAYNE, FL 33149Title: (  ) Change (  ) Addition  
Name:  
Address:  
City-St-Zip:Title: (  ) Change (  ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOCELYN H K WATKINS

DPS

04/21/2009

Electronic Signature of Signing Officer or Director

Date