


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008969</b> 1. Entity Name <b>THE R.M. BEALL, SR. CHARITABLE OPERATING FOUNDATION, INC.</b>	
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Principal Place of Business <b>1806 38TH AVENUE EAST BRADENTON FL 34208</b>	Mailing Address <b>PO BOX 25207 BRADENTON FL 34206-5207</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-2851924</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON FL 34205</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D BEALL, RM II <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1806 38TH AVENUE EAST	NAME	
STREET ADDRESS	1806 38TH AVENUE EAST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	CITY-ST-ZIP	
CITY-ST-ZIP	BRADENTON FL 34208	CITY-ST-ZIP	
CITY-ST-ZIP	BRADENTON FL 34208	CITY-ST-ZIP	
CITY-ST-ZIP	BRADENTON FL 34209	CITY-ST-ZIP	
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 any access, with all other like empowered.

SIGNATURE:  \_\_\_\_\_ DATE \_\_\_\_\_

(941) 747-2355  
Daytime Phone #