

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16518 (5)

1. Corporation Name

A BEKA FOUNDATION, INC.

FILED

95 JAN 25 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ARLIN R. HORTON
250 BRENT LANE
PENSACOLA FL 32503-2523

ARLIN R. HORTON
250 BRENT LANE
PENSACOLA FL 32503-2523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1986

3a. Date of Last Report
02/18/1994

4. FEI Number
59-2889323

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Box 18000
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

32523

9. Name and Address of Current Registered Agent

HORTON, ARLIN R.
5409 RAWSON LN.
PENSACOLA FL 32503-2523

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
250 Brent Lane

83

84 City
PENSACOLA

FL

85 Zip Code
32503

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RICE, BILL, III
STREET ADDRESS 627 BILL RICE RANCH ROAD
CITY-ST-ZIP MURFREESBORO TN

TITLE PD
NAME HORTON, ARLIN R.
STREET ADDRESS 231 ST. EUSEBIA
CITY-ST-ZIP PENSACOLA FL

TITLE VD
NAME GARLOCK, FRANK
STREET ADDRESS 300 CHENOWETH
CITY-ST-ZIP SIMPSONVILLE SC

TITLE STD
NAME HORTON, REBEKAH
STREET ADDRESS 231 ST. EUSEBIA
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Rice, Bill, III
1.3 STREET ADDRESS 627 Bill Rice Ranch Road
1.4 CITY-ST-ZIP MURFREESBORO, TN 37129

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME Horton, Arlin R.
2.3 STREET ADDRESS 250 Brent Lane
2.4 CITY-ST-ZIP PENSACOLA, FL 32503

3.1 TITLE V/D ☒ Change ☐ Addition
3.2 NAME Garlock, Frank
3.3 STREET ADDRESS 1274 Shadow Way
3.4 CITY-ST-ZIP GREENVILLE, SC 29615

4.1 TITLE S/T/D ☒ Change ☐ Addition
4.2 NAME Horton, Rebekah
4.3 STREET ADDRESS 250 Brent Lane
4.4 CITY-ST-ZIP PENSACOLA, FL 32503

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 member or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlin R. Horton

1-18-95 (904) 478-8496