

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16518

FILED
Apr 06, 2009
Secretary of State

Entity Name: A BEKA FOUNDATION, INC.

Current Principal Place of Business:

%ARLIN R. HORTON
250 BRENT LANE
PENSACOLA, FL 325032523

New Principal Place of Business:

Current Mailing Address:

BOX 17100
PENSACOLA, FL 325227100 US

New Mailing Address:

FEI Number: 59-2889323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTON, ARLIN R.
5409 RAWSON LN.
PENSACOLA, FL 325032523 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: D () Delete
Name: MULLENIX, JOEL
Address: 5610 RAWSON LANE
City-St-Zip: PENSACOLA, FL 32503

Title: PD () Delete
Name: HORTON, ARLIN R.
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL

Title: STD () Delete
Name: HORTON, REBEKAH
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: SHOEMAKER, DENISE
Address: 6652 ROCKY SHORES RD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HORTON, ARLIN R
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL

Title: () 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: ARLIN R HORTON

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date