

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90103 033 ****61.25

DOCUMENT # 723850

1. Corporation Name

BETA CENTER, INC.

Principal Place of Business

**4680 LAKE UNDERHILL ROAD
ORLANDO FL 32807**

Mailing Address

**4680 LAKE UNDERHILL ROAD
ORLANDO FL 32807**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/11/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7446558

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F & L CORP.
GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32202-3527**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **DELAHUNTY, TERNECE JR**
STREET ADDRESS **1501 E JEFFERSON ST**
CITY-ST-ZIP **ORLANDO FL 32801**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **VAN HOECK, DOLLY**
STREET ADDRESS **7604 APPLE TREE CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **ROSE, ROSEMARY**
STREET ADDRESS **116 PINE NEEDLE LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **TRACY SWANSON**
3.4 CITY-ST-ZIP **11651 NELLIE OAKS BEND**
CLERMONT, FL 34711

TITLE **VPD** ☐ DELETE
NAME **KULMANN, CHARLES**
STREET ADDRESS **1421 NOTTINGHAM ST**
CITY-ST-ZIP **ORLANDO FL 32803**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
DeLahunty Jr 4/2/99 407244-3252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)

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