

**.2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 723850

1. Entity Name
BETA CENTER, INC.



Principal Place of Business
**4680 LAKE UNDERHILL ROAD
ORLANDO, FL 32807**

Mailing Address
**4680 LAKE UNDERHILL ROAD
ORLANDO, FL 32807**



01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7446558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
SWANSON, TRACY
8216 SARAGOZA COURT
ORLANDO, FL 32836**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
EICHER, JOHN
25077 NORFOLK RD
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
RIVETT, CHERIE
3500 PUTTER ST
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PCEO
KRAMER, HOPE
1540 GLENCOE RD
WINTER PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**EVP
HUMMEL, KATHERINE I
1100 S ORLANDO AVE #408
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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03/02/06-80027-019 61.25

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-10-2006 (407) 277-1942