

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N01000000880

Entity Name: GOLIATH AND BE-BE'S WORLD INC.

Current Principal Place of Business:

1061 SOUTHWEST ALASKA WAY
GREENVILLE, FL 32331 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 444
SAINT AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-3692174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLEY, NEDRA
1061 SOUTHWEST ALASKA WAY
GREENVILLE, FL 32331 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: P () Delete
Name: WOOLEY, NEDRA
Address: 1061 SW ALASKA WAY
City-St-Zip: GREENVILLE, FL 32331

Title: V () Delete
Name: KULIG, ALEXANDRIA
Address: 35 ARBOR CLUB DR SUITE 39
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: LAIRD, CHRISTY
Address: 825 ANASTASIA BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: HOFF, LISA
Address: 4100 TALL TREES LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S (X) Delete
Name: BROWNSBERGER, SCOTTIE
Address: 515 TURNBERRY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: MARKIEWICZ, DONNA
Address: 1017 ISLAND WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LISA HOFF

D

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date