

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 23, 2009  
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 (X)

**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: 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  
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: DONNA MARKIEWICZ

D

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date