

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000880

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

145 INDIAN COVE LN  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

1061 SW ALASKA WAY  
GREENEVILLE, FL 32331 US

**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:**

WILSON, BARBARA  
932 S RODRIQUEZ ST  
ST AUGUSTINE, FL 32084 US

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: BARBARA WILSON

04/07/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOOLEY, NEDRA  
Address: 1061 SW ALASKA WAY  
City-St-Zip: GREENVILLE, FL 32331

Title: V  
Name: GIPSON, ALEXANDRIA  
Address: 5214 LILLIAN ST.  
City-St-Zip: HOUSTON, TX 77007

Title: T  
Name: WILSON, BARBARA  
Address: 932 S. RODRIGUEZ ST.  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S  
Name: WOOLLEY, KATHLEEN  
Address: 420 PORPOISE PT DR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: BARBARA WILSON

T

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date