

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90987 047 ****61.25

DOCUMENT # N01000000880

1. Entity Name

GOLIATH AND BE-BE'S WORLD INC.



Principal Place of Business

**130 HILDEN ROAD
ST. AUGUSTINE FL 32095**

Mailing Address

**130 HILDEN ROAD
ST. AUGUSTINE FL 32095**

11022400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3692174**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOLEY, NEDRA
130 HILDEN ROAD
ST. AUGUSTINE FL 32095**

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JOYCE	
STREET ADDRESS	5184 ATLANTIC VIEW	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOLEY, NEDRA	
STREET ADDRESS	130 HILDEN ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DIANE	
STREET ADDRESS	2652 TACITO TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Woolley, Kathleen</i>	
STREET ADDRESS	<i>420 Porpoise Point Drive</i>	
CITY-ST-ZIP	<i>St. Augustine, FL 32084</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Kelly, Susan</i>	
STREET ADDRESS	<i>701 A1A Beach Blvd</i>	
CITY-ST-ZIP	<i>St. Augustine, FL 32080</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Chadek, Lydia</i>	
STREET ADDRESS	<i>5494 Atlantic View</i>	
CITY-ST-ZIP	<i>St. Augustine, FL 32080</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *C. Decker* **REQUIRED**

4/28/03 904-829-5040

CR2E037 (10/02)