

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704724

FILED
Mar 24, 2009
Secretary of State

Entity Name: BEACON HOUSE OF BROWARD COUNTY INC

Current Principal Place of Business:

2748 N E 28 AVENUE
LIGHTHOUSE PT., FL 33064

New Principal Place of Business:

Current Mailing Address:

2625 E. COMMERCIAL BLVD
APT 4
FORT LAUDERDALE, FL 33308

New Mailing Address:

2626 E. COMMERCIAL BLVD
SUITE 4
FORT LAUDERDALE, FL 33308

FEI Number: 59-1038017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAGMENT ASSIT., INC
2626 E. COMMERCIAL BLVD
#4
FORT LAUDERDALE, FL 33308 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: DST () Delete
Name: LEONARDY, ANTOINETTE
Address: 2748 NE 28 AVE. #6
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DV () Delete
Name: HALLMAN, JOANNE
Address: 2748 NE 28 AVE #2
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: ABBRUZZESE, PETER
Address: 2748 NE 28 AVE #3
City-St-Zip: LIGHTHOUSE PT, FL 33064

Title: PD () Delete
Name: RING, TRUDY
Address: 2748 NE 28 AVE #15
City-St-Zip: LIGHTHOUSE, FL 33064

Title: D () Delete
Name: WALLIN, SONDRRA
Address: 2748 NE 28 AVE. #8
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HANSEN, ASHLEY
Address: 2748 NE 28 AVE #12
City-St-Zip: LIGHTHOUSE PT, FL 33064

Title: PD (X) Change () Addition
Name: RING, TRUDY
Address: 2748 NE 28 AVE #9
City-St-Zip: LIGHTHOUSE, FL 33064

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: TRUDY RING

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date