

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721422

FILED
Apr 28, 2006
Secretary of State

Entity Name: FLORIDA BETA STUDENTS AID FUND, INC.

Current Principal Place of Business:

13 FRATERNITY ROW
GAINESVILLE, FL 32603 US

New Principal Place of Business:

Current Mailing Address:

1050 SWEETBRIAR ROAD
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 23-7366820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, REX
1050 SWEETBRIAR ROAD
ORLANDO, FL 32806 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: SD () Delete
Name: STEPHENS, REX
Address: 1050 SWEETBRIAR ROAD
City-St-Zip: ORLANDO, FL 32806

Title: PD () Delete
Name: VERNACCHIO, MICHAEL J
Address: P.O. BOX 1273
City-St-Zip: INTERLACHEN, FL 32148

Title: TD () Delete
Name: MAGUIRE, JOHN
Address: 1030 SW 101ST STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: COUGHLIN, MARK R
Address: 1330 NW 107TH TERR
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: CIANO, PHILIP B
Address: 5600 NW 57 WAY
City-St-Zip: GAINESVILLE, FL 32653

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 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: MICHAEL J. VERNACCHIO

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date