

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723850** (4)

1. Corporation Name

BETA CENTER, INC.

Principal Place of Business 4680 LAKE UNDERHILL ROAD ORLANDO FL 32807	Mailing Address 4680 LAKE UNDERHILL ROAD ORLANDO FL 32807
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3. Date Incorporated or Qualified

07/11/1972

4. FEI Number

23-7446558

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F & L CORP.
GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32202-3527**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LORD, JOHN	
STREET ADDRESS	1672 JOELINE CT	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	VAN HOECK, DOLLY	
STREET ADDRESS	7604 APPLE TREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSE, ROSEMARY	
STREET ADDRESS	116 PINE NEEDLE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DELAHUNTY, JR. TERENCE	
STREET ADDRESS	1501 E. JEFFERSON ST.	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delahunty, Jr., Terence	
1.3 STREET ADDRESS	1501 E. Jefferson St.	
1.4 CITY-ST-ZIP	Orlando, FL 32801	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charles Kulmann	
4.3 STREET ADDRESS	1421 Nottingham St.	
4.4 CITY-ST-ZIP	Orlando, FL 32803	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sally Van Hoeck* 4/9/98 (407) 277-1942

CP2E037 (10/97)