


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 723850
1. Entity Name
BETA CENTER, INC.



Principal Place of Business
**4680 LAKE UNDERHILL ROAD
ORLANDO, FL 32807**

Mailing Address
**4680 LAKE UNDERHILL ROAD
ORLANDO, FL 32807**



04122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7446558

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN HOECK, DOLLY 7604 APPLE TREE CIRCLE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWANSON, TRACY 8216 SARAGOZA COURT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KULMANN, CHARLES 1421 NOTTINGHAM ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TESSITORE, CHRISTOPHER 215 N EOLA DRIVE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KRAMER, HOPE 1540 GLENCOE RD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HUMMEL, KATHERINE I 1100 S ORLANDO AVE #408 MAITLAND, FL 32751

000000128025
04/26/04-80021-022 61.25

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IN THIS SPACE**

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: Hope Kramer (Hope Kramer) 4/21/04 407-277-1942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #