

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

**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**

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