


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731753</b>	
1. Entity Name BEACON COMMUNITY EVANGELICAL FREE CHURCH, INC.	

Principal Place of Business 9025 STAR TRAIL NEW PORT RICHEY, FL 34654	Mailing Address 9025 STAR TRAIL NEW PORT RICHEY, FL 34654
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**DO NOT WRITE IN THIS SPACE**



08092006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2078825	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DOWNEY, EDWARD 12810 BOX DRIVE HUDSON, FL 34667	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEWEERD, DAVID 13021 SERPENTINE DR HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD JONES, PATRICK 12817 BANYAN ST HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNDLEY, ROBERT 7575 CYPRESS KNOLL DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DOWNEY, EDWARD 12810 BOX DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000574242  
08/14/06-80006-008 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **Patrick K. Jones MD** **8/10/06** **727-863-2125**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #