

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732320

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: BEF, INC.

**Current Principal Place of Business:**

420 BAY AVENUE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

420 BAY AVENUE  
CLEARWATER, FL 337565291

**Current Mailing Address:**

420 BAY AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

420 BAY AVENUE  
CLEARWATER, FL 337565291

FEI Number: 23-7439469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JONES, DAVID C  
420 BAY AVENUE  
CLEARWATER, FL 33756 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: PD ( ) Delete  
Name: TAAFFE, MALCOLM  
Address: 105 MARTINIQUE AVE.  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: BROWN, WILLIAM  
Address: 106 W. STANLEY ST.  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: JOHNSON, ROBERT  
Address: 100 N. TAMPA ST  
City-St-Zip: TAMPA, FL 33602

Title: AS ( ) Delete  
Name: JONES, DAVID C  
Address: 420 BAY AVE.  
City-St-Zip: CLEARWATER, FL 33756

Title: BM ( ) Delete  
Name: WATERBURY, MARK  
Address: 333 THIRD AVENUE NORTH, SUITE 400  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: JOHNSON, ROBERT  
Address: 201 N. FRANKLIN ST., SUITE 2200  
City-St-Zip: TAMPA, FL 33602

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 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: DAVID C JONES

AS

01/07/2009

Electronic Signature of Signing Officer or Director

Date