


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90048 048 \*\*\*\*\*8.75  
 03-11-2005 90316 020 \*\*\*\*\*61.25

DOCUMENT # 750630							
1. Entity Name BEACON POINT, INC.							
Principal Place of Business 4590 SO ATLANTIC AVE BOX 80 PONCE INLET FL 32127			Mailing Address 4590 SO ATLANTIC AVE BOX 80 PONCE INLET FL 32127				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2018545			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TRUSWELL, KATHERINE 4590 S ATLANTIC AVENUE SUITE # 162 PONCE INLET FL 32127			Name KATHERINE				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 <i>Katherine Truswell</i>		Secretary		DATE 1/29/05			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Change	<input checked="" type="checkbox"/> Addition		
NAME	WYLIE, DOLORES		NAME	President			
STREET ADDRESS	4590 S. ATLANTIC AVE #261		STREET ADDRESS	Mark Linton			
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP	441 E. Hilcrest St.			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Altamonte Springs FL 32701	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZACKER, ERIC		NAME	Vice president			
STREET ADDRESS	4590 S. ATLANTIC AVE #246		STREET ADDRESS	Joan Byers			
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP	609 Lake AVE Altamont Springs 32700			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BYERS, JOAN		NAME	Albert Blankenburg			
STREET ADDRESS	609 LAKE AVE		STREET ADDRESS	4590 S. Atlantic Ave #255			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		CITY-ST-ZIP	Ponce Inlet, FL 32127			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAAG, SHIRLEY		NAME	Samuel Warner			
STREET ADDRESS	4590 S. ATLANTIC AVE #163		STREET ADDRESS	4590 S. Atlantic Ave #258-A			
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP	Ponce Inlet, FL 32127			
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WICKLINE, KATHRYN		NAME	Shirley Haag			
STREET ADDRESS	4590 S. ATLANTIC AVE. #144		STREET ADDRESS	4590 S. Atlantic Ave #163			
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP	Ponce Inlet, FL 32127			
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Addition		
NAME	TRUSWELL, KATHERINE		NAME	Peggy Linton			
STREET ADDRESS	4590 S. ATLANTIC AVE. #162		STREET ADDRESS	441 E Hilcrest St			
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP	Altamont Springs, FL 32701			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in... 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 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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Katherine Truswell</i>		Secretary		DATE: 1/29/05 386 788 5166			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			