

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90051 027 ****61.25

DOCUMENT # F02000001334					
1. Entity Name THE BEVERIDGE FAMILY FOUNDATION, INC.					
Principal Place of Business 301 YAMATO ROAD, SUITE 1130 BOCA RATON, FL 33431			Mailing Address 301 YAMATO ROAD, SUITE 1130 BOCA RATON, FL 33431		
2. Principal Place of Business 1340 U.S. Highway One Suite, Apt. #, etc. Suite 102		3. Mailing Address 1340 U.S. Highway One Suite, Apt. #, etc. Suite 102		50013074 	
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 31-1698286	
Zip 33469		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASWELL, PHILIP 301 YAMATO ROAD, SUITE 1130 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1340 U.S. Highway One, Suite 102 City Jupiter, FL Zip Code 33469		
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 Philip Caswell XXXXXX 2/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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 DP	NAME CASWELL, PHILIP		TITLE PD	NAME CASWELL, PHILIP	
STREET ADDRESS 301 YAMATO ROAD, SUITE 1130	CITY-ST-ZIP BOCA RATON, FL 33431		STREET ADDRESS 1340 U.S. Highway One	CITY-ST-ZIP Jupiter, FL 33469	
TITLE DAC	NAME CASWELL, WARD S		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS 335 BROOKLINE STREET	CITY-ST-ZIP NEEDHAM, MA 02492		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE D	NAME IAN CAMPBELL PALMER		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS 125 ISLAND DRIVE	CITY-ST-ZIP MIDDLETOWN, RI 02842		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE DC	NAME GRIGGS, ALFRED L		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS 9 BARRETT PLACE	CITY-ST-ZIP NORTHAMPTON, MA 010602103		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE T	NAME LENHART, CAROLE S		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS 3610 JOE SANCHEZ ROAD	CITY-ST-ZIP PLANT CITY, FL 33565		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
TITLE (Empty)	NAME (Empty)		TITLE (Empty)	NAME (Empty)	
STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)		STREET ADDRESS (Empty)	CITY-ST-ZIP (Empty)	
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 Philip Caswell, President			2/8/05 & 339-6543		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					