


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90011 010 ****61.25

DOCUMENT # F02000001334 1. Entity Name THE BEVERIDGE FAMILY FOUNDATION, INC.	
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Principal Place of Business 1340 US HIGHWAY ONE SUITE 102 JUPITER, FL 33469	Mailing Address 1340 US HIGHWAY ONE SUITE 102 JUPITER, FL 33469
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DO NOT WRITE IN THIS SPACE

01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1698286	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASWELL, PHILIP 1340 US HIGHWAY ONE SUITE 102 JUPITER, FL 33469	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CASWELL, PHILIP 1340 US HWY ONE JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAC CASWELL, WARD S 335 BROOKLINE STREET NEEDHAM, MA 02492
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IAN CAMPBELL PALMER 125 ISLAND DRIVE MIDDLETOWN, RI 02842
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC GRIGGS, ALFRED L 9 BARRETT PLACE NORTHAMPTON, MA 010602103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LENHART, CAROLE S 3610 JOE SANCHEZ ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 life empowered.

SIGNATURE: *  * 2/15/07 * 561-339-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #