

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001334

FILED
May 12, 2009
Secretary of State

Entity Name: THE BEVERIDGE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1340 US HIGHWAY ONE
SUITE 102
JUPITER, FL 33469

New Principal Place of Business:

Current Mailing Address:

1340 US HIGHWAY ONE
SUITE 102
JUPITER, FL 33469

New Mailing Address:

FEI Number: 31-1698286 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASWELL, PHILIP
1340 US HIGHWAY ONE SUITE 102
JUPITER, FL 33469 US

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: DP () Delete
Name: CASWELL, PHILIP
Address: 1340 US HWY ONE
City-St-Zip: JUPITER, FL 33469

Title: DC () Delete
Name: CASWELL, WARD S
Address: 335 BROOKLINE STREET
City-St-Zip: NEEDHAM, MA 02492

Title: D () Delete
Name: PALMER, IAN C
Address: 125 ISLAND DRIVE
City-St-Zip: MIDDLETOWN, RI 02842

Title: DAC () Delete
Name: GRIGGS, ALFRED L
Address: 9 BARRETT PLACE
City-St-Zip: NORTHAMPTON, MA 010602103

Title: T () Delete
Name: LENHART, CAROLE S
Address: 2918 HAMPTON PLACE COURT
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CAROLE S. LENHART

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05/12/2009

Electronic Signature of Signing Officer or Director

Date