

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002231

FILED
Jan 06, 2005
Secretary of State

Entity Name: THE BEACON FOUNDATION, INC.

Current Principal Place of Business:

731 EAST FAIRLANE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

PO BOX 561519
ORLANDO, FL 328561519

New Mailing Address:

FEI Number: 59-3662585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELOACH, JACQUELYN
5933 RANDOLPH AVENUE
ORLANDO, FL 32809 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: DC () Delete
Name: HARRELL, BOB
Address: 731 EAST FAIRLANE AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: CARNS, CHUCK
Address: 731 EAST FAIRLANE AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: DT () Delete
Name: DEARRIGOITIA, ERIC
Address: 731 EAST FAIRLANE AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: TAYLOR, HARRY
Address: 731 EAST FAIRLANE AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: DVC () Delete
Name: KUCK, DUANE
Address: 731 EAST FAIRLANE AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: DELOACH, JACQUELYN
Address: 731 EAST FAIRLANE AVENUE
City-St-Zip: ORLANDO, FL 32809

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACQUELYN DELOACH

DIRE

01/06/2005

Electronic Signature of Signing Officer or Director

Date