


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90007 049 ****61.25

DOCUMENT # N00000002231					
1. Entity Name THE BEACON FOUNDATION, INC.					
Principal Place of Business 731 EAST FAIRLANE AVENUE ORLANDO, FL 32809			Mailing Address 5933 RANDOLPH AVE ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3662585	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OLECK, CHRISTIAN DR 5933 RANDOLPH AVENUE ORLANDO, FL 32809				Name ALISON BUZYNISKI	
				Street Address (P.O. Box Number is Not Acceptable) 5933 RANDOLPH AVE	
				City ORLANDO FL 32809	
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>Alison Buzyniski</i> 2/26/07 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"/>		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRELL, BOB		NAME		
STREET ADDRESS	5933 RANDOLPH AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLECK, CHRISTIAN		NAME		
STREET ADDRESS	5933 RANDOLPH AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WENZEL, LORNE DR		NAME		
STREET ADDRESS	5933 RANDOLPH AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, MIKE		NAME		
STREET ADDRESS	5933 RANDOLPH AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	PRESIDENT + CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALISON BUZYNISKI		NAME		
STREET ADDRESS	5933 Randolph Ave		STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32809		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <i>Alison Buzyniski</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

40047000



02262007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3662585

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name **ALISON BUZYNISKI**
Street Address (P.O. Box Number is Not Acceptable)
5933 RANDOLPH AVE
City **ORLANDO** FL **32809**

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 *Alison Buzyniski* 2/26/07
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. ☐ \$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 DC ☐ Delete

NAME HARRELL, BOB

STREET ADDRESS 5933 RANDOLPH AVE

CITY-ST-ZIP ORLANDO, FL 32809

TITLE D ☒ Delete

NAME OLECK, CHRISTIAN

STREET ADDRESS 5933 RANDOLPH AVE

CITY-ST-ZIP ORLANDO, FL 32809

TITLE D ☐ Delete

NAME WENZEL, LORNE DR

STREET ADDRESS 5933 RANDOLPH AVE

CITY-ST-ZIP ORLANDO, FL 32809