


FILED
Feb 11, 2008 8:00 am
Secretary of State

<h1 style="margin: 0;">DOCUMENT # N00000002231</h1>			
<div style="display: flex; justify-content: space-between;"><div>1. Entity Name THE BEACON FOUNDATION, INC.</div><div></div></div>			
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
6. Name and Address of Current Registered Agent			
ALISON, BUZYNSKI 5933 RANDOLPH AVENUE ORLANDO, FL 32809		Name Gre	
		Street Address 5933	
		City Orl	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE Meggy B. Neumler		(NOTE: Registered Agent signature required)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HARRELL, BOB 5933 RANDOLPH AVE ORLANDO, FL 32809	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLECK, CHRISTIAN 5933 RANDOLPH AVE ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENZEL, LORNE DR 5933 RANDOLPH AVE ORLANDO, FL 32809	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MIKE 5933 RANDOLPH AVE ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Gre 5933	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Ma 5933 Or	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE Meggy B. Neumler		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	