## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name THE BEACON FOUNDATION, INC.				02	2-11-2008 90053 001	****61.25	
731 EAST FAIRLANE AVENUE 59		Mailing Address 5933 RANDOLPH AVE ORLANDO, FL 32809	5933 RANDOLPH AVE				
Principal Place of Business - No P.O. Box #							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E037	(12/06)	
City & State		City & State		4. FEI Number 59-366258	35	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St		3.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALISON, BUZYNISKI 5933 RANDOLPH AVENUE ORLANDO, FL 32809				Street Address (P.) Box Mumber's Not Acceptable) Avenue			
				City Orlando FL Ziecodo P			
8. The above named entity stranges 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 7. Signature. Typed of plant light of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE							
Filing Fee is 481.25 9. Election Campaign Due by May 1,2008 Trust Fund Contribution				\$5.00 May Be Added to Fees	Make check p Florida Departm		
10.  TITLE ,  NAME  STREET ADDRESS  CITY-ST-ZIP	DC HARRELL, BOB 5933 RANDOLDH AVE ORLANDO, PL 32809	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE	CTORS IN 10 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLECK, CHRISTIAN 5933 RANDOLPH AVE ORLANDO, FL 32809	<b>⊠</b> Delete	· · · · · · · · · · · · · · · · · · ·	Director area Numbe 1933 Kando	rs Am	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENZEL, LORNE DR 5933 RANDOLPH AVE ORLANDO, FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZL KAT IL		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MIKE 5933 RANDOLPH AVE ORLANDO, FL 32809	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marne Stolle 5933 Ran Orlando F	enwerk dolph Ave la 32809	☑ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
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.							