

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N00000003532

1. Entity Name  
BEATRICE CONOVER FOUNDATION, INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:35

Principal Place of Business Mailing Address  
10716 PARROT COVE CIRCLE 10716 PARROT COVE CIRCLE  
ESTERO, FL 33928 ESTERO, FL 33928



**DO NOT WRITE IN THIS SPACE**

02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1017555 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CONOVER, ALAN G  
10716 PARROT COVE CIRCLE  
ESTERO, FL 33928

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONOVER, BEATRICE W
STREET ADDRESS	10716 PARROT COVE CIRCLE
CITY - ST - ZIP	ESTERO, FL 33928
TITLE	D
NAME	CONOVER, ALAN G
STREET ADDRESS	10716 PARROT COVE CIRCLE
CITY - ST - ZIP	ESTERO, FL 33928
TITLE	D
NAME	CONOVER, SHERRIE G
STREET ADDRESS	10716 PARROT COVE CIRCLE
CITY - ST - ZIP	ESTERO, FL 33928
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

900029936749  
03/05/04--01011--031 \*\*\$1.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Alan G. Conover* ALAN G. CONOVER

239  
7/10/04 498-3053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #