

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003532

1. Entity Name
BEATRICE CONOVER FOUNDATION, INC.



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

Mailing Address
10716 PARROT COVE CIRCLE
ESTERO, FL 33928



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 Alan G. Conover Alan G. Conover Sec. Treas. 1-20-05
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, 2005**

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	

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01/26/05-80014-006 61.25

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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 1-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #