


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000003532</b> 1. Entity Name <b>BEATRICE CONOVER FOUNDATION, INC.</b>	
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Principal Place of Business <b>10716 PARROT COVE CIRCLE ESTERO, FL 33928</b>	Mailing Address <b>10716 PARROT COVE CIRCLE ESTERO, FL 33928</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-1017555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1110000399689 02/01/06-80022-011 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONOVER, BEATRICE W 10716 PARROT COVE CIRCLE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONOVER, ALAN G 10716 PARROT COVE CIRCLE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONOVER, SHERRIE G 10716 PARROT COVE CIRCLE ESTERO, FL 33928
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Alan G. Conover **ALAN G. CONOVER** 1-11-06 (239)498-9033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #