

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
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



01072008 No Chg-NP

CR2E037 (4/06)

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

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000778123
01/10/08-80036-005 61.25

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	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2008 (239)498-3033