

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90338 042 ****61.25

DOCUMENT # N00000003989 1. Entity Name BERYLS RESOURCES CENTER, INC.					
Principal Place of Business 3120 MARINA WAY LANTANA FL 33462			Mailing Address 6718 HATTERS DRIVE LAKE WORTH FL 33467		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6718 HATTERS DR. Suite, Apt. #, etc.			
City & State		City & State LAKE WORTH		4. FEI Number 65-1021682	
Zip 33467		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, DESMOND 3120 MARINA WAY LANTANA FL 33462				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6718 HATTERS DR. City LAKE WORTH FL Zip Code 33467	
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 representative) Signature: Typed or printed name of registered agent and title if representative					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PRESIDENT THOMPSON, DESMOND 3120 MARINA WAY LANTANA FL 33462		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD THOMPSON, CHERYL 3120 MARINA WAY LANTANA FL 33462		☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD TREASURER CLARKE, RONALLY 4516 BARCLAY CRESENT LAKE WORTH FL 33462		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SECRETARY THOMPSON, ALTON 350 E TAYLOR ST #3206 SAN JOSE CA 95112		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]		☐ Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 May 01, 2006					