

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000264

FILED
May 01, 2006
Secretary of State

Entity Name: THE BOB BEAMON ORGANIZATION FOR YOUTH, INC.

Current Principal Place of Business:

PO BOX 802002
AVENTURA, FL 332802002

New Principal Place of Business:

Current Mailing Address:

PO BOX 802002
AVENTURA, FL 332802002 US

New Mailing Address:

FEI Number: 65-1069787 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOGENSEN & ASSOCIATES CPA
9360 SUNSET DRIVE
SUITE 287
MIAMI, FL 33173 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: BEAMON, BOB
Address: PO BOX 82002
City-St-Zip: AVENTURA, FL 332802002 US

Title: D () Delete
Name: CLINE, MIKE L
Address: PO BOX 802002
City-St-Zip: AVENTURA, FL 332802002 US

Title: D () Delete
Name: GUERIN, SUSAN
Address: PO BOX 802002
City-St-Zip: AVENTURA, FL 332802002 US

Title: D () Delete
Name: HOFING, SID
Address: PO BOX 802002
City-St-Zip: AVENTURA, FL 332802002 US

Title: D () Delete
Name: WALKER, JOEY
Address: PO BOX 802002
City-St-Zip: AVENTURA, FL 332802002 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB BEAMON

PC

05/01/2006

Electronic Signature of Signing Officer or Director

Date