

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004167

Entity Name: BEKAH'S PLACE, INC.

FILED
Apr 18, 2004
Secretary of State

Current Principal Place of Business:

804 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779

New Principal Place of Business:

POST OFFICE BOX 915504
LONGWOOD, FL 32791

Current Mailing Address:

804 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779

New Mailing Address:

POST OFFICE BOX 915504
LONGWOOD, FL 32791

FEI Number: 59-3725272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, GARY
804 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

PHILLIPS, GARY
POST OFFICE BOX 915504
LONGWOOD, FL 32791 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: _____

04/18/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: PHILLIPS, LINDA S
Address: 804 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: STD () Delete
Name: PHILLIPS, GARY
Address: 804 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: TRUSS, JENNIFER
Address: 1544 KANGAROO COURT
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete
Name: FULTON, LAUREN
Address: 3650 SHAWNEE SHORES DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP (X) Change () Addition
Name: PHILLIPS, LINDA S
Address: POST OFFICE BOX 915504
City-St-Zip: LONGWOOD, FL 32791

Title: STD (X) Change () Addition
Name: PHILLIPS, GARY
Address: POST OFFICE BOX 915504
City-St-Zip: LONGWOOD, FL 32791

Title: D (X) Change () Addition
Name: TRUSS, JENNIFER
Address: 1544 KANGAROO COURT
City-St-Zip: APOPKA, FL 32712

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 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 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: GARY PHILLIPS

D

04/18/2004

Electronic Signature of Signing Officer or Director

Date