

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 05, 2009  
Secretary of State**

DOCUMENT# N01000004167

Entity Name: BEKAH'S PLACE, INC.

**Current Principal Place of Business:**

804 SWEETWATER BLVD.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 689  
VERNON, FL 32462

**New Mailing Address:**

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 BLVD.  
LONGWOOD, FL 32779      US

**Name and Address of New Registered Agent:**

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: CDP      ( ) Delete  
Name: PHILLIPS, LINDA  
Address: POST OFFICE BOX 689  
City-St-Zip: VERNON, FL 32462

Title: STD      ( ) Delete  
Name: PHILLIPS, GARY  
Address: POST OFFICE BOX 689  
City-St-Zip: VERNON, FL 32462

Title: D      ( ) Delete  
Name: TRUSS, JENNIFER  
Address: POST OFFICE BOX 689  
City-St-Zip: VERNON, FL 32462

**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:

I hereby certify that the information supplied with this filing does not qualify 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: GARY PHILLIPS

D

04/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date