


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

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000008969**


1. Entity Name  
**THE R.M. BEALL, SR. CHARITABLE OPERATING FOUNDATION, INC.**



Principal Place of Business  
**1806 38TH AVENUE EAST  
 BRADENTON, FL 34208**

Mailing Address  
**PO BOX 25207  
 BRADENTON, FL 34206-5207**

**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2851924</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L  
 802 11TH STREET WEST  
 BRADENTON, FL 34205**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, RM II 1806 38TH AVENUE EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOPIK, STEPHEN M 1806 38TH AVENUE EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, BEVERLY 1806 38TH AVENUE EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZYMANSKI, BETTY 6501 17TH AVE WEST APT W405 BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, CLIFF 802 11TH ST WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/11/08-80076-016 61.25

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:** RM Beall **3/28/08** **941-747-2355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #