

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000242

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE BETH FOUNDATION, INC.

Current Principal Place of Business:

2869 S. PONTE VEDRA BLVD.
PONTE VEDRA, FL 32082

New Principal Place of Business:

Current Mailing Address:

2869 S. PONTE VEDRA BLVD.
PONTE VEDRA, FL 32082

New Mailing Address:

FEI Number: 01-0587896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON, PAMELA G
2869 S. PONTE VEDRA BLVD.
PONTE VEDRA, FL 32082 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: P () Delete
Name: HARRINGTON, PAMELA G
Address: 2869 S. PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

Title: T () Delete
Name: HARRINGTON, ROBERT H JR.
Address: 2869 S. PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

Title: V () Delete
Name: BLACK, BARBARA
Address: 2146 HAWKCREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: PRICE, WILLA
Address: 2476 SNOWY EGRET DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: HARRINGTON, ROBERT H SR
Address: 254 ARCHERS MEAD
City-St-Zip: WILLIAMSBURG, VA 23185

Title: D () Delete
Name: SMITH, JOHN
Address: 1103 SALT CREEK DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

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
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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: PAMELA G. HARRINGTON

CEO

04/25/2006

Electronic Signature of Signing Officer or Director

Date