

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000904

FILED
Jul 16, 2004
Secretary of State**Entity Name:** BONITA'S BEACON BENEVOLENCE FOUNDATION, INC.**Current Principal Place of Business:**27383 FELTS AVE
BONITA SPRINGS, FL 34135**New Principal Place of Business:****Current Mailing Address:**27383 FELTS AVE
BONITA SPRINGS, FL 34135**New Mailing Address:****FEI Number:** 01-0685624**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, PHILLIP
27383 FELTS AVE
BONITA SPRINGS, FL 34135**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:** D () Delete
Name: HANSON, LINDA
Address: 19 3RD ST
City-St-Zip: BONITA SPRINGS, FL 34134**Title:** D () Delete
Name: PIPER, DAVID
Address: P.O.BOX 292
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** D () Delete
Name: SMITH, TERILYN
Address: 10790 CHILDERS STREET
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** D () Delete
Name: COLLINS, WENDY
Address: 10641 DEAN STREET
City-St-Zip: BONITA SPRINGS, FL 34135**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:

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: TERILYN SMITH

D

07/16/2004

Electronic Signature of Signing Officer or Director

Date