

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000904

FILED
Feb 03, 2003
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 (X)

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: PATAK, THERSA
Address: 133 WADING BIRD C#103
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: PRICE, ROBERT
Address: 12600 TOWER RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Delete
Name: WILSON, MELVIN
Address: 26722 TOKEN RD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Delete
Name: BROOKS, EDDIE
Address: 10400 MARLIN LN
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: D (X) Change () Addition
Name: SMITH, TERILYN
Address: 10790 CHILDERS STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change () Addition
Name: COLLINS, WENDY
Address: 10641 DEAN STREET
City-St-Zip: BONITA SPRINGS, FL 34135

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: TERIYN SMITH

D

02/03/2003

Electronic Signature of Signing Officer or Director

Date