


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90008 049 ****61.25

DOCUMENT # N03000002099									
1. Entity Name BETA SOCIAL RESEARCH AND EVALUATION, INC.									
Principal Place of Business 7202 WEST RIVERCHASE DRIVE TEMPLE TERRACE, FL 33637			Mailing Address 7202 WEST RIVERCHASE DRIVE TEMPLE TERRACE, FL 33637						
2. Principal Place of Business		3. Mailing Address P.O. Box 1867							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State Palmetto, FL		4. FEI Number 05-0558137					
Zip 34220		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PUCCIA, ELLEN 7202 WEST RIVERCHASE DRIVE TEMPLE TERRACE, FL 33637			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">State FL Zip Code</td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	State FL Zip Code
Name									
Street Address (P.O. Box Number is Not Acceptable)									
City									
State FL Zip Code									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	PUCCIA, ELLEN		NAME	P.O. Box 1867					
STREET ADDRESS	7202 WEST RIVERCHASE DRIVE		STREET ADDRESS	PALMETTO, FL 34220					
CITY-ST-ZIP	TEMPLE TERRACE, FL 33637		CITY-ST-ZIP	PALMETTO, FL 34220					
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	GOODDARD, BILL		NAME	GOODDARD, BILL					
STREET ADDRESS	PO BOX 733		STREET ADDRESS						
CITY-ST-ZIP	BLUE HILL, MI 04614		CITY-ST-ZIP						
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	REDD		NAME	REDDING, TERRY					
STREET ADDRESS	1403 OAK STREET NW		STREET ADDRESS						
CITY-ST-ZIP	WASHINGTON, DC 20010		CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Ellen Puccia</i>			ELLEN PUCCIA						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>3/30/04</i>						
Daytime Phone #			Daytime Phone #						