


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000009138	
1. Entity Name THE OL'GETA BECKWORTH FOUNDATION, INC.	

Principal Place of Business 18575 EVERGREEN ROAD FORT MYERS FL 33912	Mailing Address P. O. BOX 249 ESTERO FL 33928
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number 36-4541068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECKWORTH, M. YOLANDA 18575 EVERGREEN ROAD FORT MYERS FL 33912
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7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO BECKWORTH, M. YOLANDO 18575 EVERGREEN ROAD FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A GLORE, MICHAEL 25241 BERNWOOD DR #6 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A HALL, JOANN 3767 HIGHLAND AVE S FT MYERS FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A GILLASPIE, THOMAS DR 15831 ANDERSON LN FORT MYERS FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, W. MAE 526 ROBOLE CT. STUART FL 33996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A PLEMONS, TERRI 26862 SAINT THOMAS DR BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000343454
04/29/05-80096-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #