2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2006 8:00 am
Secretary of State
07-12-2006 90002 013 ****13.75
08-28-2006 90002 020 ****56.25

DOCUMENT # N03000009138

1. Entity Name

THE OL'GETA BECKWORTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
18575 EVERGREEN ROAD FORT MYERS FL 33912	P. O. BOX 249 ESTERO FL 33928

JUU20401

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-4541068 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKWORTH, M. YOLANDA 18575 EVERGREEN ROAD FORT MYERS FL 33912	Name Street Address (P.O. Box Number is Not Acceptable) City **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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO BECKWORTH, M. YOLANDA (Yolanda) 18575 EVERGREEN ROAD FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A GLORE, MICHAEL 25241 BERNWOOD DR #6 BONITA SPRINGS FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Graham, Kevin 18419 Carmella Rd Ft. Myers, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A HALL, JOANN 3767 HIGHLAND AVE S FT MYERS FL 33916	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A GILLASPIE, THOMAS DR 15831 ANDERSON LN FORT MYERS FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MVD Miguel Quinones 19420 Cromwell Ct. #205 Ft. Myers, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, W. MAE 526 ROBOLE CT. STUART FL 33996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Allen, Amoy F 6914 Timberwood Cir. #229 Ft Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A PLEMONS, TERRI 26862 SAINT THOMAS DR BONITA SPRINGS FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Matterson, Dale 22932 Forest Ridge Dr Estero, FL 33928	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 6/7/06 239-415-9780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #