


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90024 042 ****66.25

DOCUMENT # N03000009138					
1. Entity Name THE OL'GETA BECKWORTH FOUNDATION, INC.					
Principal Place of Business 18575 EVERGREEN ROAD FORT MYERS FL 33912 33967			Mailing Address P. O. BOX 249 ESTERO FL 33928		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-4541068	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BECKWORTH, M. YOLANDA 18575 EVERGREEN ROAD FORT MYERS FL 33912				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <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	PCEO	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKWORTH, YOLANDA M		NAME	Kim E. White	
STREET ADDRESS	18575 EVERGREEN ROAD		STREET ADDRESS	1700 N.E. 1 st A.	
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP	Cape Coral FL 33993	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, KEVIN		NAME		
STREET ADDRESS	18419 CARMELLA RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JOANN		NAME		
STREET ADDRESS	3767 HIGHLAND AVE S		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33916		CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES, MIGUEL		NAME		
STREET ADDRESS	19420 CRONWELL CT SUITE 205		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, AMOY F		NAME		
STREET ADDRESS	6014 TIMBERWOOD CIR SUITE 229		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTERSON, DALE		NAME		
STREET ADDRESS	22932 FOREST RIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	ESTERO FL 33928		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

Aug 24, 2007