

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000009138

1. Entity Name

THE OL'GETA BECKWORTH FOUNDATION, INC.



FILED

08 SEP 29 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE

CR2E037 (4/08)

Principal Place of Business

18575 EVERGREEN ROAD  
FORT MYERS FL 33967

Mailing Address

P.O. BOX 249  
ESTERO FL 33928

2. Principal Place of Business - No P.O. Box #

741 Hightower Ave. S.  
Suite, Apt. #, etc.

3. Mailing Address

741 Hightower Ave S.  
Suite, Apt. #, etc.

City & State

Lehigh Acres, FL  
Zip 33973  
Country Lec

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Lehigh Acres, FL  
Zip 33973  
Country Lec

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

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

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 September 3, 2008

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 PCEO ☐ Delete  
NAME BECKWORTH, YOLANDA M  
STREET ADDRESS 18575 EVERGREEN ROAD  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE D ☐ Delete  
NAME GRAHAM, KEVIN  
STREET ADDRESS 18419 CARMELLA RD  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE D ☐ Delete  
NAME HALL, JOANN  
STREET ADDRESS 3767 HIGHLAND AVE S  
CITY-ST-ZIP FT MYERS FL 33916

TITLE VP ☐ Delete  
NAME WHITE, KIM E  
STREET ADDRESS 1700 NE 1ST PL  
CITY-ST-ZIP CAPE CORAL FL 33993

TITLE SD ☐ Delete  
NAME ALLEN, AMOY F  
STREET ADDRESS 6014 TIMBERWOOD CIR SUITE 229  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE D ☐ Delete  
NAME MATTERSON, DALE  
STREET ADDRESS 22932 FOREST RIDGE DR  
CITY-ST-ZIP ESTERO FL 33928

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 700136535587  
STREET ADDRESS 10/01/08--01052--018 \*\*61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

8/11 239-482-6359