

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009138

FILED
Jan 25, 2010
Secretary of State

Entity Name: THE OL'GETA BECKWORTH FOUNDATION, INC.

Current Principal Place of Business:

741 HIGHTOWER AVE. S.
LEHIGH ACRES, FL 33973

New Principal Place of Business:

Current Mailing Address:

741 HIGHTOWER AVE. S.
LEHIGH ACRES, FL 33973

New Mailing Address:

FEI Number: 36-4541068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECKWORTH, M. YOLANDA
741 HIGHTOWER AVE. S
LEHIGH ACRES, FL 33973 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: BECKWORTH, M. YOLANDA
Address: 741 HIGHTOWER AVE. S
City-St-Zip: LEHIGH ACRES, FL 33973

Title: VP
Name: WHITE, KIM E
Address: 1700 NW 1ST PL
City-St-Zip: CAPE CORAL, FL 33993

Title: B
Name: HALL, JOANN
Address: 3767 HIGHLAND AVE S
City-St-Zip: FT MYERS, FL 33916

Title: S
Name: BECKWORTH, SILETTA L
Address: 3701 SABAL PALM BLVD. #3
City-St-Zip: FORT MYERS, FL 33916

Title: B
Name: ALLEN, AMOY F
Address: 6014 TIMBERWOOD CIR SUITE # 229
City-St-Zip: FORT MYERS, FL 33908

Title: T
Name: CORDELL, WALLY V
Address: 8184 NEW JERSEY, BLVD
City-St-Zip: FORT MYERS, FL 33967

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M. YOLANDA BECKWORTH

PCEO

01/25/2010

Electronic Signature of Signing Officer or Director

Date