

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90369 027 ****61.25

DOCUMENT # N04000004704							
1. Entity Name DOROTHY FAISON BEARD SCHOLARSHIP FOUNDATION, INC.							
Principal Place of Business 12551 N.E. 25TH AVENUE ANTHONY, FL 32617			Mailing Address 12551 N.E. 25TH AVENUE ANTHONY, FL 32617				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number NOT APPLICABLE			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BEARD, TERRELL 12551 N.E. 25TH AVENUE ANTHONY, FL 32617			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 reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEARD, TERRELL			NAME			
STREET ADDRESS	12551 N.E. 25TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ANTHONY, FL 32617			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEARD, TIMOTHY			NAME			
STREET ADDRESS	9328 MCFARLAND WAY			STREET ADDRESS	4701 Copper Hill Drive		
CITY-ST-ZIP	MOBILE, AL 36695			CITY-ST-ZIP	Spring Hill, FL 34609		
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEARD, WENDY			NAME			
STREET ADDRESS	9328 MCFARLAND WAY			STREET ADDRESS	# 4701 Copper Hill Drive		
CITY-ST-ZIP	MOBILE, AL 36695			CITY-ST-ZIP	Spring Hill, FL 34609		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEARD, HERBERT			NAME			
STREET ADDRESS	318 AVENUE B			STREET ADDRESS			
CITY-ST-ZIP	PORT ST. JOE, FL 32456			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: <i>Timothy L. Beard</i>		<i>Timothy L. Beard</i>		<i>3/5/07</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			