

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012827

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** DONALD AND CARLA BEAM FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1890 SOUTH 14TH STREET  
SUITE 206  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1890 SOUTH 14TH STREET  
SUITE 206  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 20-3985774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHISM, LORIE L ESQUIRE  
1890 SOUTH 14TH STREET  
SUITE 206  
FERNANDINA BEACH, FL 32034 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: D ( ) Delete  
Name: BEAM, DONALD W  
Address: 1890 SOUTH 14TH STREET, SUITE 206  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: BEAM, CARLA C  
Address: 1890 SOUTH 14TH STREET, SUITE 206  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: BEAM, DONALD W II  
Address: 1890 SOUTH 14TH STREET, SUITE 206  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD W BEAM

TTEE

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date