

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001845

FILED
Apr 07, 2009
Secretary of State

Entity Name: RICHARD E. AND LILLIAN M. BECKER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

500 VIRGINIA AVENUE
SUITE 202
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

500 VIRGINIA AVENUE
SUITE 202
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 20-4371982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABERNETHY, BRUCE R JR.
500 VIRGINIA AVENUE
SUITE 202
FORT PIERCE, FL 34982 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: HURLEY, BARBARA B
Address: 501 N. SWIM CLUB DR., PHA
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: D () Delete
Name: BECKER, JO ANN M
Address: 155 SAGO PALM RD.
City-St-Zip: VERO BCH, FL 32963

Title: D () Delete
Name: ABERNETHY, BRUCE R JR.
Address: 500 VIRGINIA AVENUE, SUITE 202
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: HURLEY, BARBARA B
Address: 501 N. SWIM CLUB DR., PHA
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: D/VP (X) Change () Addition
Name: BECKER, JO ANN M
Address: 155 SAGO PALM RD.
City-St-Zip: VERO BCH, FL 32963

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: BRUCE R ABERNETHY JR

MR.

04/07/2009

Electronic Signature of Signing Officer or Director

Date