

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003196

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** BEAUMONT COMPREHENSIVE COLLEGE ALUMNI ASSOCIATION-FLORIDA INC.

**Current Principal Place of Business:**

6122 WASHINGTON STREET  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6122 WASHINGTON STREET  
HOLLYWOOD, FL 33023

**New Mailing Address:**

**FEI Number:** 32-0252833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKFORD, LARRY  
6122 WASHINGTON STREET  
HOLLYWOOD, FL 33023 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  
Name: BECKFORD, LARRY  
Address: 6122 WASHINGTON STREET  
City-St-Zip: HOLLYWOOD, FL 33023 BR

Title: D  
Name: DYER, LYNVAL  
Address: 260 NW 118TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071 BR

Title: D  
Name: DAWES, LESLIE  
Address: 16928 SW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 BR

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: LARRY BECKFORD

D

04/27/2012

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

\_\_\_\_\_  
Date