2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010887

Title:

Name:

Address:

City-St-Zip:

SEC

HICKS, DANA

PO BOX 611250

() Delete

ROSEMARY BEACH, FL 32461

ne: BECOME FOUNDATION INC

FILED Feb 12, 2009 Secretary of State

Entity Na	IME: BECOME	: FOUNDATION, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
82 SOUTH BARRETT SQUARE SUITE 2I					
ROSEMAI	RY BEACH, FL	32461			
Current Mailing Address:			New Mailing Address:		
PO BOX 6 ROSEMAI	611236 RY BEACH, FL	32461			
FEI Number	r: 26-3795255	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
82 SOUTH SUITE 21	.RA, TIMOTHY H BARRETT SO RY BEACH, FL				
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	: Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MCNAMARA, T PO BOX 61123		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CROUSHORN, PO BOX 61123		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCNAMARA, P PO BOX 61123		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY MCNAMARA CHR 02/12/2009

() Change () Addition