
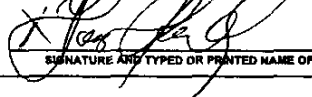


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90392 044 \*\*\*\*61.25

<b>DOCUMENT # N15147</b>			
1. Entity Name BEAVER STREET FOUNDATION, INC.			
Principal Place of Business 1741 W BEAVER ST P.O. BOX 41430 JACKSONVILLE, FL 32209 US		Mailing Address P O BOX 41430 P.O. BOX 41430 JACKSONVILLE, FL 32203-1430 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04172008		Chg-NP	CR2E037 (12/06)
4. FEI Number 59-2714980		Applied For	Not Applicable
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	
FRISCH, HANS 1741 W. BEAVER ST. JACKSONVILLE, FL 32209		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCH, HANS	NAME	
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCH, BENJAMIN P.	NAME	
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	DVAS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCH, E. KARL	NAME	
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	DVAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FRISCH, MARK A.
STREET ADDRESS		STREET ADDRESS	1741 W. BEAVER ST.
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	<input type="checkbox"/> Delete	TITLE	DVAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FRISCH, ADAM N.
STREET ADDRESS		STREET ADDRESS	1741 W. BEAVER
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL
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: 		HANS FRISCH	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		4/25/08	(904) 354-8533