

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 01, 2006 08:00 AM  
Secretary of State

**DOCUMENT # N16376**

1. Entity Name  
BECK FAMILY FOUNDATION, INC.



Principal Place of Business  
POST OFFICE BOX 626  
WINTER PARK, FL 32790-0626

Mailing Address  
POST OFFICE BOX 626  
WINTER PARK, FL 32790-0626



01202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2711259 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BECK, JOHN WM  
457 NORTH INTERLACHEN AVENUE  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

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, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

1101000413923  
02/11/06-80013-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, JOHN W. 457 N INTERLACHEN AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECK, DOLORES G. 457 N INTERLACHEN AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DENISE B. 1850 CADENCE COURT CHULLUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ President Date: 1-26-06 Daytime Phone #: 407-629-1124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR