


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N16376 1. Entity Name BECK FAMILY FOUNDATION, INC.	
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Principal Place of Business POST OFFICE BOX 626 WINTER PARK, FL 32790-0626	Mailing Address POST OFFICE BOX 626 WINTER PARK, FL 32790-0626
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2711259	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

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

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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, 2007

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

100000583156
 01/11/07-80059-018 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 CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 1-8-07 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR