

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 30, 2009  
Secretary of State

DOCUMENT# N93000004841

Entity Name: BEVERLY HILLS SKILLBANK, INC.

**Current Principal Place of Business:**

ONE CIVIC CIRCLE  
BEVERLY HILLS, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CIVIC CIRCLE  
BEVERLY HILLS, FL 34465 US

**New Mailing Address:**

FEI Number: 59-3232559      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COE, JOHN H  
972 W COLBERT CT  
BEVERLY HILLS, FL 34465 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: PRES ( ) Delete  
Name: COE, JOHN H PRES  
Address: 972 W. COLBERT CT.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SUPT ( ) Delete  
Name: BROST, EVA  
Address: 3090 N THORNAPPLE TERR  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SUP ( ) Delete  
Name: MORAN, DOROTHY SUP  
Address: 48 SO. JEFFERY ST.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SUP ( ) Delete  
Name: WALKER, ETHEL  
Address: 206 S TYLER ST  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: V.PR ( ) Delete  
Name: PETERSON, IRVIN L  
Address: 882 W. COLBERT CT.  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: SUP ( ) Delete  
Name: ROSALES, RAUL  
Address: 3889 N. BLAZINGSTAR WAY  
City-St-Zip: BEVERLY HILLS, FL 34465

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: DROST, EVA  
Address: 3090 N THORNAPPLE TERR  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOHN H. COE

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date