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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:14

DOCUMENT # N94000003601 (1)

1. Corporation Name

THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

% WIEN, MALKIN & BETTEX (LANNY OPPENHEIM)
60 E. 42ND ST.
NEW YORK NY 10165

% WIEN, MALKIN & BETTEX (LANNY OPPENHEIM)
60 E. 42ND ST.
NEW YORK NY 10165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/21/1994

4. FEI Number

Applied For

65-0516127

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2120 GREENBRIAR LN

26 2120 GREENBRIAR LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HARBOUR RIDGE

27 HARBOUR RIDGE

City & State

City & State

23 PALM CITY FL

28 PALM CITY FL

Zip

Country

Zip

Country

24 33490

25 USA

29 33490

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1408 HAYS ST.
SUITE 2
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	BEEKMAN, PHILIP
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE
CITY - ST - ZIP	PALM CITY FL 33490
TITLE	DS
NAME	BEEKMAN, NANCY
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE
CITY - ST - ZIP	PALM CITY FL 33490
TITLE	D
NAME	ROBINOWITZ, BETSY
STREET ADDRESS	904 SULGRAVE LANE
CITY - ST - ZIP	BRYN MAWR PA 19010
TITLE	D
NAME	CARTER, LESUE B
STREET ADDRESS	8579 S.W. FIRST PLACE
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	D
NAME	MURRAY, NANCY
STREET ADDRESS	214 MCALLISTER AVE.
CITY - ST - ZIP	KENTFIELD CA 94009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	106 BENEFIT STREET
34 CITY - ST - ZIP	PROVIDENCE, RI 02903
41 TITLE	☒ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	13664 ALLAYMA PLACE
44 CITY - ST - ZIP	FISHERS, IN 46038
51 TITLE	☒ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	231 SHERMAN DRIVE
54 CITY - ST - ZIP	SCOTTS VALLEY, CA 95066
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate. I am an officer or director of the corporation or the receiver or trustee or appears in Block 12 or Block 13 if changed, or on an attachment with an address.

I do not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath to execute this report as required by Chapter 617, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OFFICER

Date

Signature Please Print

0073345