FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N94000003601 (1)**

1. Corporation Name

THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, I NC.

Principal Place of Business	Mailing Address
2120 GREENBRIAR LN HARBOR RIDGE PALM CITY FL 33490 US	2120 GREENBRIAR LN HARBOR RIDGE PALM CITY FL 33490 US

3. Date Incorporated or Qualified: **07/21/1994**

3a. Date of Last Report: **06/13/1995**

4. FEI Number: **65-0516127** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEEKMAN, PHILIP
2120 GREENBRIAR LANE
HARBOR RIDGE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: X Philip E. Beekman — X 4/30/96
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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BEEKMAN, PHILIP		12 NAME		
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE		13 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 33490		14 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BEEKMAN, NANCY		22 NAME		
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE		23 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 33490		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ROBINOWITZ, BETSY		32 NAME		
STREET ADDRESS	106 BENEFIT STREET		33 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI 02903		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CARTER, LESLIE B		42 NAME		
STREET ADDRESS	13664 ALLAYMA PLACE		43 STREET ADDRESS		
CITY-ST-ZIP	FISHERS IN 46038		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MURRAY, NANCY		52 NAME		
STREET ADDRESS	231 SHERMAN DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	SCOTT VALLEY CA 95066		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Philip E. Beekman — X 4/30/96 — (317) 849-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #