FILE NOW: FILING FEE IS $61.25

FILED
Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34990-8037 US

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEEKMAN, PHILIP		1.2 NAME	
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 33490		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEEKMAN, NANCY		2.2 NAME	
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 33490		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINOWITZ, BETSY		3.2 NAME	
STREET ADDRESS	106 BENEFIT STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, LESLIE B		4.2 NAME	
STREET ADDRESS	13864 ALLAYMA PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FISHERS IN 46038		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, NANCY		5.2 NAME	
STREET ADDRESS	231 SHERMAN DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTT VALLEY CA 95066		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Philip E. Beekman PHILIP E. BEEKMAN 1-8-97 (561)336-1689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071778