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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 Philip E. Beekman 3/2/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEEKMAN, PHILIP		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	DS	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BEEKMAN, NANCY		3.2 NAME	ROBINOWITZ BETSY	
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE		3.3 STREET ADDRESS	16 HOLLY STREET	
CITY-ST-ZIP	PALM CITY FL 33490		3.4 CITY-ST-ZIP	PROVINENCE R.I. 02906	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ROBINOWITZ, BETSY		4.2 NAME	CARTER LESLIE B	
STREET ADDRESS	106 BENEFIT STREET		4.3 STREET ADDRESS	7234 E 700 N	
CITY-ST-ZIP	PROVIDENCE RI 02903		4.4 CITY-ST-ZIP	BROWNSBURG IND 46112	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, LESLIE B		5.2 NAME		
STREET ADDRESS	13864 ALLAYMA PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FISHERS IN 46038		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	MURRAY, NANCY		6.2 NAME	MATHERS, ROBERT A., CPA	
STREET ADDRESS	231 SHERMAN DRIVE		6.3 STREET ADDRESS	RD HUNTER & COMPANY LLP	
CITY-ST-ZIP	SCOTT VALLEY CA 95066		6.4 CITY-ST-ZIP	ONE MACK CENTRE DR., PARAMUS NJ 07652	

CR2E037 (10/97)

14. I 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 3/2/98 (561) 336-1689