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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: N94000003601

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/21/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0516127 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEEKMAN, PHILIP 2120 GREENBRIAR LANE HARBOR RIDGE PALM CITY FL 34990	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	16 HOLLY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PROVINENCE RI 0290	3.4. CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, LESLIE B	4. 2 NAME	
STREET ADDRESS	7234 E 700 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROWNSBURG IN 46112	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	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MATHER, ROBERT A CPA	6.2 NAME	
STREET ADDRESS	RD HUNTER & COMPANY LLP, ONE MACK CENTRE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARAMUS NJ 07652	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Philip E. Beekman REQUIRED Philip E. Beekman 1/15/99 561-336-1689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #