

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90691 034 ****70.00

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1. Entity Name

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



Principal Place of Business

**2120 GREENBRIAR LN
HARBOR RIDGE
PALM CITY FL 33490
US**

Mailing Address

**2120 GREENBRIAR LN
HARBOR RIDGE
PALM CITY FL 33490
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0516127

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL Zip Code
33490

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
BEEKMAN, PHILIP
2120 GREENBRIAR LANE, HARBOUR RIDGE
PALM CITY FL 33490** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BEEKMAN, NANCY
2120 GREENBRIAR LANE, HARBOUR RIDGE
PALM CITY FL 33490** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEEKMAN, ELIZABETH
21 ARLINGTON AVE.
PROVIDENCE RI 02906** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARTER, LESLIE B
7234 E 700 N
BROWNSBURG IN 46112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CARTER, LESLIE B.
422 SUGARBUSH LANE N
BROWNSBURG IN 46112** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEARS, NANCY
231 SHERMAN DR
SCOTT VALLEY CA 95066** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEARS, NANCY
134 LACUESTA DR
SCOTT VALLEY CA 95066** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATHERS, ROBERT A
RD HUNTER & CO. LLP, 17-17 RT 208
FAIR LAWN NJ 07410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATHERS, ROBERT A.
RD HUNTER & COMPANY LLC 17-17 ROUTE 208
FAIR LAWN NJ 07410** ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Robert A. Mathers*

ROBERT A. MATHERS, DIRECTOR

Date

4/30/04

Daytime Phone #

201-261-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR