2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State
08-05-2005 90004 011 ****70.00

DOCUMENT # N94000003601

1. Entity Name
THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, INC.

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

000001B7

07282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Leslie Carter Suite, Apt. #, etc. 422 Sugarbush Lane N
City & State	City & State Brownsburg IN
Zip / Country	Zip / Country 46112 / USA

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

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: Leslie B. Carter Leslie B Carter 8-2-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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	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	DS CARTER, LESLIE B 422 SUGARBRUSH LANE NE BROWNSBURG, IN 46112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	422 Sugarbush Lane N	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEARS, NANCY 134 LACUESTA DR SCOTT VALLEY, CA 95066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Beekman, Nancy	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHERS, ROBERT A RD HUNTER & COMP., LLC 17-17 RT 208 FAIR LAWN, NJ 07410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hunter Group CPA LLC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Leslie B. Carter 8-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #