

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000006265

1. Entity Name

**THE ROBERT AND ALDONA BEALL FAMILY
FOUNDATION, INC.**



Principal Place of Business

**1806 38TH AVE E
BRADENTON FL 34208
US**

Mailing Address

**P.O. BOX 25207
BRADENTON FL 34206-5207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0545213

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

**BLALOCK LANDERS WALTERS & VOGLER
802 11 ST WEST
BRADENTON FL 34205**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25
Due By May 1, 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	Change	Addition
<input type="checkbox"/> Delete	D BEALL, ROBERT M II	P.O. BOX 25207 N/A	BRADENTON FL 34602-5207		
<input type="checkbox"/> Delete	D KNOPIK, STEPHEN M	PO BOX 25207	BRADENTON FL 34206		
<input type="checkbox"/> Delete	D BEALL, ALDONA K	P.O. BOX 25207 N/A	BRADENTON FL 34602-5207		
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 747-2355