

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000006265</b>	
1. Entity Name <b>THE ROBERT AND ALDONA BEALL FAMILY FOUNDATION, INC.</b>	
Principal Place of Business <b>1806 38TH AVE E BRADENTON, FL 34208 US</b>	Mailing Address <b>P.O. BOX 25207 BRADENTON, FL 34206-5207</b>



**DO NOT WRITE IN THIS SPACE**

03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0545213</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000876535

04/11/08-80076-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, ROBERT M II P.O. BOX 25207 N/A BRADENTON, FL 346025207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOPIK, STEPHEN M PO BOX 25207 BRADENTON, FL 34206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, ALDONA K P.O. BOX 25207 N/A BRADENTON, FL 346025207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

*R M Beall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

Date

941-747-2355

Daytime Phone #