

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004900

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE BENEFACTORS ACCORD, INC.

Current Principal Place of Business:

84771 OVERSEAS HWY
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 508
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 65-0778319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, CLINTON E
84771 OVERSEAS HWY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WATKINS, CLINTON E
Address: P.O. BOX 508 (NA)
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: TIMMERMAN, THOMAS
Address: 146 PACIFIC AVENUE
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: WATKINS, ARTHUR J
Address: 1410 YORK ST. #17
City-St-Zip: DENVER, CO 380206

Title: SD () Delete
Name: MANNING, MARTIN
Address: 87425 OLD HWY #35
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: WHILCOCK, JAMES A III
Address: 5910 TOPVIEW CT
City-St-Zip: COLORADO SPRINGS, CO 80918

Title: D () Delete
Name: MCQUARRIE, PASTRICIA M
Address: 13142 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON E. WATKINS

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date