2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2006 8:00 am DOCUMENT # N97000005534 **Secretary of State** 1. Entity Name 02-22-2006 90014 030 ****61.25 THE BEVERLY BEALL AND R. KEMP RIECHMANN FOUNDATION, INC. Principal Place of Business Mailing Address 1806 38TH AVENUE EAST P.O. BOX 25207 **BRADENTON FL 34208 BRADENTON FL 34206-5207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FE! Number 65-0808807 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEALL, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 1806 38TH AVE E **BRADENTON FL 34-2082** 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, typiko or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) A STATE OF THE STA FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. President TITLE ☐ Delete THE Change Addition BEALL, BEVERLY NAME NAMI 1806 38TH AVENUE EAST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-ZIP Secretary Treadurer TITLE ☐ Delete TITLE ☐ Change Addition RIĒCHMANN, R. KEMP NAME NAME 1806 38TH AVENUE EAST STREET ADDRESS STREET ADDRESS Director Rolf C. Riechmann **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE ☐ Addition Ďelete BEALL, ROBERT M II NAME NAME 7820 Baymeadows Rd. E STREET ADDRESS 1806 38TH AVENUE STREET ADDRESS BRADENTON FL 34208 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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SIGNATURE: Such Beall President 2/1/01/01/01/1744 4423

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.