

FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006682					
1. Corporation Name BEAUCHAMP CHARITY FOUNDATION, INC.					
Principal Place of Business 3916 GRANADA BLVD. CORAL GABLES FL 33134			Mailing Address 3916 GRANADA BLVD. CORAL GABLES FL 33134		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/20/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Applied For	
24 Country		30 Country		☒ Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
WELBAUM, R. EARL 901 PONCE DE LEON BLVD., PENTH. SUITE CORAL GABLES FL 33134				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City		85 Zip Code	
FL					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	BEAUCHAMP, MONICA B		1.2 NAME		
STREET ADDRESS	3916 GRANADA BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	BEAUCHAMP, JAMES		2.2 NAME		
STREET ADDRESS	3916 GRANADA BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	BELLI, GLORIA		3.2 NAME		
STREET ADDRESS	3916 GRANADA BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Pres. Jan. 18, 1999

305-441-9867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)