

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001186

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC2938645998**

**Entity Name:** THE BEACON NETWORK, INC.

**Current Principal Place of Business:**

900 WINDERLY PLACE SUITE 300  
MAITLAND, FL 32751

**Current Mailing Address:**

PO BOX 2547  
ORLANDO, FL 32802-2547 US

**FEI Number: 27-4894580**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHIN, TAE  
SHIN LAW FIRM, P.A.  
200 SOUTH ORANGE AVENUE, SUITE 1450  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title D, CHAIRMAN  
Name REALIN, AURORA  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title D  
Name BATCHELDER, SHERYL  
Address 1809 SOUTH DIVISION AVE  
City-State-Zip: ORLANDO FL 32805

Title VC, DIRECTOR  
Name GALLART, ROGUE  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title SECRETARY, DIRECTOR  
Name LUCE-HITT, RACHEL  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR, TREASURER  
Name SHIN, TAE  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR  
Name ROMANY, MARISOL  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR  
Name TRIBBLE, WILHELMINA  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR  
Name EASTERLING, WAYNE  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

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*I hereby 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 all other like empowered.*

**SIGNATURE: TAE SHIN**

**DIRECTOR**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WARE, VIVIAN  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR  
Name JAMES, PAUL  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR  
Name MONTGOMERY, JASON  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR  
Name JIMENEZ, ORIANA  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR  
Name LEE, BRIDGET  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547

Title DIRECTOR  
Name PRESTON, LOUIS  
Address PO BOX 2547  
City-State-Zip: ORLANDO FL 32802-2547