


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90004 011 ****70.00

DOCUMENT # N94000003601			
1. Entity Name THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, INC.			
Principal Place of Business 2120 GREENBRIAR LN HARBOR RIDGE PALM CITY, FL 33490 US		Mailing Address 2120 GREENBRIAR LN HARBOR RIDGE PALM CITY, FL 33490 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Leslie Carter 422 Sugarbush Lane N	
City & State		City & State Brownsburg IN	
Zip		Zip 46112	
Country		Country USA	
4. FEI Number 65-0516127		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEEKMAN, PHILIP 2120 GREENBRIAR LANE HARBOR RIDGE PALM CITY, FL 34990		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Leslie B. Carter</i>		SIGNATURE <i>Leslie B. Carter</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 8-2-05		DATE	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEKMAN, PHILIP	NAME	
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 33490	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEKMAN, ELIZABETH	NAME	
STREET ADDRESS	21 ARLINGTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE, RI 02906	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, LESLIE B	NAME	
STREET ADDRESS	422 SUGARBRUSH LANE NE	STREET ADDRESS	422 Sugarbush Lane N
CITY-ST-ZIP	BROWNSBURG, IN 46112	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS, NANCY	NAME	Beekman, Nancy
STREET ADDRESS	134 LACUESTA DR	STREET ADDRESS	
CITY-ST-ZIP	SCOTT VALLEY, CA 95066	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHERS, ROBERT A	NAME	
STREET ADDRESS	RD HUNTER & COMP., LLC 17-17 RT 208	STREET ADDRESS	Hunter Group CPA LLC
CITY-ST-ZIP	FAIR LAWN, NJ 07410	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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: <i>Leslie B. Carter</i>		Date 8-2-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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