

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003601

FILED
Apr 25, 2007
Secretary of State

Entity Name: THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, INC.

Current Principal Place of Business:

2120 GREENBRIAR LN
HARBOR RIDGE
PALM CITY, FL 33490 US

New Principal Place of Business:

Current Mailing Address:

LESLIE CARTER
422 SUGARBUSH LANE N
BROWNSBURG, IN 46112 US

New Mailing Address:

FEI Number: 65-0516127 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEEKMAN, PHILIP
2120 GREENBRIAR LANE
HARBOR RIDGE
PALM CITY, FL 34990 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: DPT () Delete
Name: BEEKMAN, PHILIP
Address: 2120 GREENBRIAR LANE, HARBOUR RIDGE
City-St-Zip: PALM CITY, FL 33490

Title: D () Delete
Name: BEEKMAN, ELIZABETH
Address: 21 ARLINGTON AVE.
City-St-Zip: PROVIDENCE, RI 02906

Title: DS () Delete
Name: CARTER, LESLIE B
Address: 422 SUGARBUSH LANE N
City-St-Zip: BROWNSBURG, IN 46112

Title: D () Delete
Name: BEEKMAN, NANCY
Address: 134 LACUESTA DR
City-St-Zip: SCOTT VALLEY, CA 95066

Title: D () Delete
Name: MATHERS, ROBERT A
Address: HUNTER GROUP CPA, LLC17-17 RT 208
City-St-Zip: FAIR LAWN, NJ 07410

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
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 exemption stated in Chapter 119, 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: LESLIE B. CARTER

DS

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date