## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000003601

Apr 22, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

2120 GREENBRIAR LN HARBOR RIDGE PALM CITY, FL 33490 US

**New Mailing Address: Current Mailing Address:** 

LESLIE CARTER LESLIE CARTER P.O. BOX 665 P.O. BOX 4237

BROWNSBURG, IN 46112 US SANTA CRUZ, CA 95063 US

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

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

BEEKMAN, PHILIP BEEKMAN, PHILIP E 2120 GREÉNBRIAR LANE 2120 GREÉNBRIAR LANE HARBOR RIDGE HARBOR RIDGE PALM CITY, FL 34990 US PALM CITY, FL 34990 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: PHILIP E. BEEKMAN 04/22/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPT (X) Change ( ) Addition () Delete

BEEKMAN, PHILIP BEEKMAN, PHILIP E Name: Name: 2120 GREENBRIAR LANE, HARBOUR RIDGE Address: 2120 GREENBRIAR LANE, HARBOUR RIDGE Address:

City-St-Zip: PALM CITY, FL 33490 City-St-Zip: PALM CITY, FL 33490

Title: Title: (X) Change ( ) Addition ( ) Delete

BEEKMAN, ELIZABETH Name: BEEKMAN, ELIZABETH E Name: Address: 21 ARLINGTON AVE. Address: 21 ARLINGTON AVE. City-St-Zip: PROVIDENCE, RI 02906 City-St-Zip: PROVIDENCE, RI 02906

Title: DS () Delete Title: DS (X) Change ( ) Addition

CARTER, LESLIE B CARTER, LESLIE B Name: Name: 1117A WINDHAVEN CIRCLE Address: Address: P.O. BOX 4237

City-St-Zip: BROWNSBURG, IN 46112 City-St-Zip: SANTA CRUZ, CA 95063

Title: () Delete Title: PΟ (X) Change ( ) Addition Name:

BEEKMAN, NANCY Name: BEEKMAN, NANCY L 134 LACUESTA DR 134 LACUESTA DR Address: Address: City-St-Zip: SCOTT VALLEY, CA 95066 City-St-Zip: SCOTT VALLEY, CA 95066

Title: () Delete Title: () Change () Addition

MATHERS, ROBERT A Name: Name:

HUNTER GROUP CPA, LLC17-17 RT 208 Address: Address: City-St-Zip: FAIR LAWN, NJ 07410 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 CARTER **TREA** 04/22/2009