

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003601 (1)**

1. Corporation Name

**THE PHILIP E. AND NANCY B. BEEKMAN FOUNDATION, INC.**



Principal Place of Business <b>2120 GREENBRIAR LN HARBOR RIDGE PALM CITY FL 33490 US</b>	Mailing Address <b>2120 GREENBRIAR LN HARBOR RIDGE PALM CITY FL 33490 US</b>
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3. Date incorporated or Qualified <b>07/21/1994</b>	3a. Date of Last Report <b>06/13/1995</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>65-0516127</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BECKMAN, PHILIP  
2120 GREENBRIAR LANE  
HARBOR RIDGE  
PALM CITY FL 34990**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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: *Philip E. Beckman* DATE: **4/30/96**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE <b>DPT</b>	<input type="checkbox"/> DELETE
NAME <b>BECKMAN, PHILIP</b>	
STREET ADDRESS <b>2120 GREENBRIAR LANE, HARBOUR RIDGE</b>	
CITY - ST - ZIP <b>PALM CITY FL 33490</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE
NAME <b>BECKMAN, NANCY</b>	
STREET ADDRESS <b>2120 GREENBRIAR LANE, HARBOUR RIDGE</b>	
CITY - ST - ZIP <b>PALM CITY FL 33490</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ROBINOWITZ, BETSY</b>	
STREET ADDRESS <b>106 BENEFIT STREET</b>	
CITY - ST - ZIP <b>PROVIDENCE RI 02903</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CARTER, LESLIE B</b>	
STREET ADDRESS <b>13864 ALLAYMA PLACE</b>	
CITY - ST - ZIP <b>FISHERS IN 46038</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MURRAY, NANCY</b>	
STREET ADDRESS <b>231 SHERMAN DRIVE</b>	
CITY - ST - ZIP <b>SCOTT VALLEY CA 95066</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, on an attachment with an address.

SIGNATURE: *Philip E. Beckman* DATE: **4/30/96** DAYTIME PHONE: **(317) 849-2325**

CR2E037 (12/95)