

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003601

**FILED**  
**Jan 07, 2021**  
**Secretary of State**  
**1737945670CC**

**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

**Current Mailing Address:**

LESLIE CARTER  
255 W PINE ST.  
ZIONSVILLE, IN 46077 US

**FEI Number:** 65-0516127

**Certificate of Status Desired:** No

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

BEEKMAN, PHILIP E  
2120 GREENBRIAR LANE  
HARBOR RIDGE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPT  
Name BEEKMAN, PHILIP E  
Address 2120 GREENBRIAR LANE, HARBOUR RIDGE  
City-State-Zip: PALM CITY FL 33490

Title D  
Name BEEKMAN, ELIZABETH E  
Address 18 SWEETGUM CROSSING  
City-State-Zip: SAVANNAH GA 31411

Title DS  
Name CARTER, LESLIE B  
Address LESLIE CARTER  
255 W PINE ST.  
City-State-Zip: ZIONSVILLE IN 46077

Title P.O.  
Name BEEKMAN, NANCY L  
Address 401 SEVENTH AVENUE  
City-State-Zip: SANTA CRUZ CA 95062

Title D  
Name KEVIN, HANSEN A  
Address SAX LLP  
855 VALLEY ROAD 3RD FLOOR  
City-State-Zip: CLIFTON NJ 07013

*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:** LESLIE B CARTER

**ADMINISTRATOR**

**01/07/2021**

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

\_\_\_\_\_  
Date