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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

2120 GREENBRIAR LN
HARBOR RIDGE
PALM CITY FL 33490
US

2120 GREENBRIAR LN
HARBOR RIDGE
PALM CITY FL 34980-8037
US

3. Date Incorporated or Qualified
07/21/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
65-0516127

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEEKMAN, PHILIP
2120 GREENBRIAR LANE
HARBOR RIDGE
PALM CITY FL 34990

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DPT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEEKMAN, PHILIP | 1.2 NAME | |
| STREET ADDRESS | 2120 GREENBRIAR LANE, HARBOUR RIDGE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY FL 33490 | 1.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEEKMAN, NANCY | 2.2 NAME | |
| STREET ADDRESS | 2120 GREENBRIAR LANE, HARBOUR RIDGE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY FL 33490 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINOWITZ, BETSY | 3.2 NAME | |
| STREET ADDRESS | 106 BENEFIT STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PROVIDENCE RI 02903 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTER, LESLIE B | 4.2 NAME | |
| STREET ADDRESS | 13864 ALLAYMA PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FISHERS IN 46038 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURRAY, NANCY | 5.2 NAME | |
| STREET ADDRESS | 231 SHERMAN DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SCOTT VALLEY CA 95066 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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, or on an attachment with an address.

SIGNATURE:

Philip E. Beekman PHILIP E. BEEKMAN 1-8-97 (561)336-1689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone # 0071774

CR2E037 (9/96)