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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003601 (1)
 1. Corporation Name
THE PHILIP E AND NANCY B BEEKMAN FOUNDATION INC

Principal Place of Business	Mailing Address
2120 GREENBRIAR LN HARBOUR RIDGE PALM CITY FL 33490	2120 GREENBRIAR LN HARBOUR RIDGE PALM CITY FL 33490

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
07/21/1994	05/01/1996
4. FEI Number	Applied For
65-0516127	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

BEEKMAN, PHILIP 2120 GREENBRIAR LN HARBOUR RIDGE PALM CITY, FL 34990	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE: DPT NAME: BEEKMAN, PHILIP STREET ADDRESS: 2120 GREENBRIAR LN CITY - ST - ZIP: PALM CITY FL 33490	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: BEEKMAN, NANCY STREET ADDRESS: 2120 GREENBRIAR LN CITY - ST - ZIP: PALM CITY FL 33490	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ROBINOWITZ, BETSY STREET ADDRESS: 106 BENEFIT STREET CITY - ST - ZIP: PROVIDENCE RI 02903	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002178834 -05/14/97--01104--039 ***61.25
TITLE: D NAME: CARTER, LESLIE B STREET ADDRESS: 13664 ALLAYNA PLACE CITY - ST - ZIP: FISHERS IN 46038	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MURRAY, NANCY STREET ADDRESS: 231 SHERMAN DRIVE CITY - ST - ZIP: SCOTTS VALLEY CA 95066	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MATHERS, ROBERT A STREET ADDRESS: RDH & CO, ONE MACK CENTRE DR CITY - ST - ZIP: PARAMUS NJ 07652	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 unchanged or on an attachment with an address.

SIGNATURE: Robert A. Mathers ROBERT A. MATHERS Date: 4/29/97 Daytime Phone #: (201) 261-4030

CRZE037 (9/96)