

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: **2120 GREENBRIAR LN, HARBOR RIDGE, PALM CITY FL 33490, US**
Mailing Address: **2120 GREENBRIAR LN, HARBOR RIDGE, PALM CITY FL 33490, US**

3. Date Incorporated or Qualified: **07/21/1994**
4. FEI Number: **65-0516127**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**BEEKMAN, PHILIP
2120 GREENBRIAR LANE
HARBOR RIDGE
PALM CITY FL 34990**

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL 85).

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: *Philip E. Beekman* DATE: **3/2/98**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BEEKMAN, PHILIP	
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE	
CITY-ST-ZIP	PALM CITY FL 33490	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BEEKMAN, NANCY	
STREET ADDRESS	2120 GREENBRIAR LANE, HARBOUR RIDGE	
CITY-ST-ZIP	PALM CITY FL 33490	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINOWITZ, BETSY	
STREET ADDRESS	106 BENEFIT STREET	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, LESLIE B	
STREET ADDRESS	13664 ALLAYMA PLACE	
CITY-ST-ZIP	FISHERS IN 46038	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, NANCY	
STREET ADDRESS	231 SHERMAN DRIVE	
CITY-ST-ZIP	SCOTT VALLEY CA 95068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D ROBINOWITZ BETSY
3.3 STREET ADDRESS	106 HOLLY STREET
3.4 CITY-ST-ZIP	PROVIDENCE R.I. 02906
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D CARTER LESLIE B
4.3 STREET ADDRESS	7234 E 700 N
4.4 CITY-ST-ZIP	BROWNSBURG IND 46112
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 checked="" type="checkbox"/> Addition
6.2 NAME	MATHERS, ROBERT A., CPA
6.3 STREET ADDRESS	RD HUNTER & COMPANY LLP
6.4 CITY-ST-ZIP	ONE MACK CENTRE DR., PARAMUS NJ 07652

14. I 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* DATE: **3/2/98** (561) 336-1689

CR2E037 (10/97)