FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
FILED
95 MAY -1 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732515** **(2)**

1. Corporate Name

BEACON HILLS CIVIC ASSOCATION , INC.

Principal Place of Business	Mailing Address
12354 HIDDEN HILLS LANE JACKSONVILLE FL 32225-8702	12354 HIDDEN HILLS LANE JACKSONVILLE FL 32225-8702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/22/1975**
3a. Date of Last Report: **02/24/1994**
4. FEI Number: **59-1869281** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21:
Suite, Apt. # etc. — 22:
City & State — 23:
Zip — 24: County — 25:

2a. Mailing Address — 26:
Suite, Apt. # etc. — 27:
City & State — 28:
Zip — 29: County — 30:

9. Name and Address of Current Registered Agent

MEYERS, BESS
12354 HIDDEN HILLS LANE
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BRINSON, RICHARD	12 NAME	
STREET ADDRESS	4503 CHARLES BENNETT DR	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	MEYERS, BESS	22 NAME	
STREET ADDRESS	12354 HIDDEN HILLS LANE	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	O	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	~~GLOOPE, NAOMI~~	32 NAME	Charles Fisette
STREET ADDRESS	~~4057 MORRIS RD~~	33 STREET ADDRESS	4524 Charles Bennett Dr.
CITY ST ZIP	~~JACKSONVILLE FL~~	34 CITY ST ZIP	Jacksonville, FL 32225
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CRAWLEY, JOHN	42 NAME	
STREET ADDRESS	11687 JONATHAN RD	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GARLAND, SMITH	52 NAME	
STREET ADDRESS	11637 JONATHAN RD	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Bess Meyers 4/29/95 641-8129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bess Meyers

0026024