


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90189 050 \*\*\*\*61.25

**DOCUMENT # N00000003945**

1. Entity Name  
**FRIENDS OF ATLANTIC BEACH ELEMENTARY SCHOOL, INC.**



Principal Place of Business  
**675 BEACH AVE.  
 ATLANTIC BEACH, FL 32233**

Mailing Address  
**675 BEACH AVE.  
 ATLANTIC BEACH, FL 32233**

2. Principal Place of Business  
**1015 ATLANTIC BLVD.**

3. Mailing Address  
**1015 ATLANTIC BLVD.**

Suite, Apt. #, etc.  
**Suite 238**

Suite, Apt. #, etc.  
**Suite 238**

City & State  
**ATLANTIC BEACH, FL**


City & State  
**ATLANTIC BEACH, FL**

Zip  
**32233**

Country  
**USA**

Zip  
**32233**

Country  
**USA**



04302006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3668674**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MELANCON, DEJEAN JR.  
 675 BEACH AVE.  
 ATLANTIC BEACH, FL 32233**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MELANCON, DEJEAN JR 675 BEACH AVENUE ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ASHBY, ELEANOR 1637 BEACH AVENUE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELANCON, DEJEAN JR 675 BEACH AVENUE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORE, STUART 1560 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. JACKSON, JILL 1852 BENCASING CT. ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REVIS, JOSEPH 439 20th STREET ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDER, KATIE 1440 BEACH AVE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELANCON, LAURIE 675 BEACH AVENUE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jeanne Melancon LAURIE MELANCON 5/1/2006 904-241-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #