


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90068 029 ****61.25

DOCUMENT # N00000003945

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



Principal Place of Business
 1015 ATLANTIC BLVD
 SUITE 238
 ATLANTIC BEACH, FL 32233

Mailing Address
 1015 ATLANTIC BLVD
 SUITE 238
 ATLANTIC BEACH, FL 32233

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40012008



01092008 Chg-NP CR2E037 (12/06)

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, 2008

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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, JILL	
STREET ADDRESS	1852 BEACH SIDE CT	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MELANCON, DEJEAN JR	
STREET ADDRESS	675 BEACH AVENUE	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	S	<input type="checkbox"/> Delete
NAME	RLOEZ , KATIE RIDER	
STREET ADDRESS	1440 BEACH AVE	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	LD	<input type="checkbox"/> Delete
NAME	MELANCON, LAURIE LAURIE	
STREET ADDRESS	675 BEACH AVE	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REVIS, JOSEPH	
STREET ADDRESS	437 20TH ST	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Dejean Melancon **3/5/08** **904-965-8290**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #