

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# N04000007987

Entity Name: BEACHES WATCH, INC.

Current Principal Place of Business:

1203 18TH AVE. N.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50311
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 20-1532385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNER, WENDELL P.A.
234 9TH AVE. SOUTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLDING, SANDRA K
Address: 1203 18TH AVE. N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Delete
Name: OVERBY, JAMES F
Address: 21 BURLING WAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: SHIELDS, DARRELL
Address: 315 N. 18TH ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: WHITE, SUSIE
Address: 535 CANAL RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: FINNER, WENDELL P.A.
Address: 234 9TH AVE. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SHIELDS, DARRELL
Address: 315 N. 18TH ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Change () Addition
Name: WYTZKA, JANE
Address: 352 2ND ST.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D (X) Change () Addition
Name: FOLSOM, LANCE
Address: 1022 23RD ST. N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA K. GOLDING

P

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date