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FILED
Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45259 (1)

1. Corporation Name

Beaches Business Association, Inc.
P.O. Box 49161
Jacksonville Beach FL 32240-9161

Principal Place of Business

Mailing Address

P.O. Box 49161
Jacksonville Beach, FL 32240-9161

900002268759
-08/15/97--01090--015
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		25 P.O. Box 49161		9/20/91		1992	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Jacksonville Beach, FL		59-3157370		Not Applicable	
24 Country		29 32240-9161		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 USA		6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Florida Statutes	
26 Country		31 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Fisher, Ray
226 4th Avenue South
Jacksonville Beach, FL 32250

10. Name and Address of New Registered Agent

81 Name	Colette M. Corliss
82 Street Address (P.O. Box Number is Not Acceptable)	710 North 3rd Street
83 City	Jacksonville Beach, FL 32250
84 City	FL
85 Zip Code	

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 Colette M. Corliss

Colette M. Corliss

July 17, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grovenstein, Dr. Robert	1.2 NAME	Gioia, Salvatore, J.
STREET ADDRESS	1171 Beach Blvd.	1.3 STREET ADDRESS	695 A-1-A, North, #120
CITY-ST-ZIP	Jacksonville Beach, FL 32250	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	First V.P./Director <input checked="" type="checkbox"/> DELETE	2.1 TITLE	First V.P./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, J.W.	2.2 NAME	Saucerman, Judy
STREET ADDRESS	14750 Beach Blvd., #21	2.3 STREET ADDRESS	900 N. 3rd Street, #B
CITY-ST-ZIP	Jacksonville Beach, FL 32250	2.4 CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	Second V.P./Director <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Second V.P./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Dr. Thomas	3.2 NAME	Sellers, Charles
STREET ADDRESS	310 North 9th Avenue	3.3 STREET ADDRESS	4142 Seabreeze Drive
CITY-ST-ZIP	Jacksonville Beach, FL 32250	3.4 CITY-ST-ZIP	Jacksonville, FL 32250
TITLE	Carroll, Thomas, Treas. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Corliss, Colette, M., Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	301 North 3rd Street	4.2 NAME	710 North 3rd Street
STREET ADDRESS	Jacksonville Beach, FL 32250	4.3 STREET ADDRESS	Jacksonville Beach, FL 32250
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Rec.Sec./Director <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Rec.Sec./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buchanan, Linda	5.2 NAME	Bomhard, Dr. James S.
STREET ADDRESS	2610 Madrid Street	5.3 STREET ADDRESS	1522 Penman Road
CITY-ST-ZIP	Jacksonville Beach, FL 32250	5.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	Corr.Sec./Director <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Corr.Sec./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ojak, Emil	6.2 NAME	McMahan, Bill, Jr.
STREET ADDRESS	1901 N. 1st Street, #604	6.3 STREET ADDRESS	645 Mayport Road
CITY-ST-ZIP	Jacksonville Beach, FL 32250	6.4 CITY-ST-ZIP	Atlantic Beach, FL 32233

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salvatore J. Gioia, President/Director

7/17/97 904.285-2871
Date Daytime Phone #

CR2E037 (9/96)