

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90109 046 \*\*\*\*61.25

0014003

**DOCUMENT # N01000002865**

1. Entity Name

**BEACH FRONT COMMUNITY OUTREACH, INCORPORATED**



Principal Place of Business

**4609 SANDWEDGE WAY  
SEBRING FL 33872**

Mailing Address

**4609 SANDWEDGE WAY  
SEBRING FL 33872**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3709931**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILSON, ERIC  
4609 SANDWEDGE WAY  
SEBRING FL 33872**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	<b>WILSON, ANDREA M</b>	
STREET ADDRESS	<b>5701 BASS AVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>WILSON, ARNOLD R</b>	
STREET ADDRESS	<b>P.O BOX 9655</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33802</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>WILSON, WANDA</b>	
STREET ADDRESS	<b>5101 BASS AVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33820</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>WILSON, ERIC</b>	
STREET ADDRESS	<b>4609 SANDWADE WAY</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Troy Wilson</b>	
STREET ADDRESS	<b>28492 Stuart</b>	
CITY-ST-ZIP	<b>South Field Michi 48076</b>	
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 exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**

**8/24/03**

**(863) 443-4021**

CR2E037 (4/03)