

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007987

**Entity Name:** BEACHES WATCH, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-1532385

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KILGORE, BETH L  
612 11TH AVE. N.  
JACKSONVILLE BEACH, FL 32250 US

*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:** BETH L. KILGORE

01/21/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            GOLDING, SANDRA K  
Address        1203 18TH AVE. N.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            TREA  
Name            KILGORE, BETH  
Address        612 11TH AVENUE N.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            VP  
Name            ANSBACHER, SYLVIA  
Address        2008 STRAND ST.  
City-State-Zip: NEPTUNE BEACH FL 32266

Title            DIR  
Name            KRIMSKY, EILEEN  
Address        1709 SECOND STREET S.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            SEC  
Name            PATTON, ANDIE  
Address        1827 LEEWARD LANE  
City-State-Zip: NEPTUNE BEACH FL 32266

Title            DIR  
Name            FUNKHOUSER, CINDY  
Address        1352 PLANTATION OAKS DR. S.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            DIR  
Name            DIAMOND, RORY  
Address        120 DAVIS STREET  
City-State-Zip: NEPTUNE BEACH FL 32266

*I hereby 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 all other like empowered.*

**SIGNATURE:** BETH L. KILGORE

**TREASURER**

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date