

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000001224

Entity Name: ATLANTIC BEACH LIFEGUARD COMPETITION TEAM INC.**Current Principal Place of Business:**ONE AHERN ST
ATLANTIC BEACH, FL 32233**Current Mailing Address:**197 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233**FEI Number: 81-1309199****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REEVES, KENNETH C
197 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	COB
Name	REEVES, KENNETH C
Address	197 SEMINOLE ROAD
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	DIR
Name	PHILLIPS, JOHN
Address	2997 ANTIGUA DR
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	P
Name	ADAMSON, GARRETT
Address	604 10TH STREET N
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	VP
Name	OPPER, GARRETT
Address	553 SOUTH ST
City-State-Zip:	NEPTUNE BEACH FL 32266

Title	TRSR
Name	RECKAMP, BRAD
Address	1728 PENNAN PLACE
City-State-Zip:	ST. JOHNS FL 32259

Title	SEC
Name	LINDSEY, REBECCA
Address	147 MAGNOLIA STREET
City-State-Zip:	ATLANTIC BEACH FL 32233

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: KENNETH REEVES**COB****06/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date