

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001398

**Entity Name:** BEACHES ACTIVISTS MOVEMENT INC.

**Current Principal Place of Business:**

1015 ATLANTIC BLVD  
SUITE 487  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1015 ATLANTIC BLVD  
SUITE 487  
ATLANTIC BEACH, FL 32233 US

**FEI Number: 83-3622329**

**Certificate of Status Desired: No**

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

REITER, DEE D  
1798 SELVA MARINA DRIVE  
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: DEE REITER**

**02/12/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           REITER, DEE D  
Address        1798 SELVA MARINA DRIVE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           DIRECTOR  
Name           SHEKLIN, JUDY  
Address        1985 BRISTA DEMAR CIRCLE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           DIRECTOR  
Name           FORAKER, STEVE  
Address        387 6TH ST  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           D  
Name           KOSUT, JANE  
Address        1969 SEVILLA BLVD, WEST  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           VP  
Name           WRAY, BRENDA  
Address        2305 BAREFOOT TRACE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           D  
Name           WELDON, JOHN  
Address        108 OAK STREET  
City-State-Zip: NEPTUNE BEACH FL 32266

Title           D  
Name           STAATS, NANCY  
Address        1911 BEACH AVENUE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title           PRESIDENT  
Name           BRADY, CAROL  
Address        1871 SELVA MARINA DRIVE  
City-State-Zip: ATLANTIC BEACH FL 32233

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*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: DEE D REITER**

**TREASURER**

**02/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ANDERSON, ELIZABETH  
Address 4435 DEEP RIVER WAY EAST  
City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY  
Name MONTANYE, HEATHER  
Address 1810 SEVILLA BLVD  
APT 205  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR  
Name HOFFMAN, ROSALIND  
Address 266 MAGNOLIA STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR  
Name HALPERIN, ALAN  
Address 372 4TH STREET  
City-State-Zip: ATLANTIC BEACH FL 32233