

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000931

**Entity Name:** FRIENDS OF MADEIRA BEACH PARKS AND RECREATION, INC.

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**4350966985CC**

**Current Principal Place of Business:**

14995 GULF BLVD., SUITE D  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

POST OFFICE BOX 86434  
MADEIRA BEACH, FL 33738 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

LYONS, GARY W  
311 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756 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 P/D  
Name BEGGINS, JEFF  
Address 429 BOCA CIEGA DRIVE  
City-State-Zip: MADEIRA BEACH FL 33708

Title VP/T/D  
Name RASSMUSSEN, PAM  
Address 567 NORMANDY RD  
City-State-Zip: MADEIRA BEACH FL 33708

Title S/D  
Name WILHELMINA CEVAER , AUDREY-ANNE  
Address 201 E MADEIRA AVENUE  
City-State-Zip: MADEIRA BEACH FL 33708

Title D  
Name CHILBREATH, CHRISTINA MARY  
Address 13012 BOCA CIEGA AVENUE  
City-State-Zip: MADEIRA BEACH FL 33708

Title D  
Name BEAIRD, CAITLIN ELIZABETH  
Address 525 129TH AVENUE E UNIT 2  
City-State-Zip: MADEIRA BEACH FL 33708

*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: JEFF BEGGINS**

**PRESIDENT**

**02/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date