2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711858

FILED Apr 04, 2008 Secretary of State

Entity Name: BEACHES COLUMBIAN ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1401 2ND AVE NORTH

JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

1401 2ND AVENUE NORTH 1401 2ND AVE NORTH

JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250

FEI Number: 26-0058268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BOLL, DEVILLO M LONG, HASTON M MR. 2642 TIDE LANE 2477 CASTAWAY DR

JACKSONVILLE, FL 32224 ATLANTIC BEACH, FL 32233 US 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: HASTON M. LONG 04/04/2008

> Electronic Signature of Registered Agent Date

> > Address:

OFFICERS AND DIRECTORS:

2477 CASTAWAY DR

ATLANTIC BEACH, FL 32233

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE BEACH, FL 32250 US

2642 TIDE LANE

() Delete (X) Change () Addition CHRISTOVICH, STANLEY MCCREARY, JOSEPH P MR. Name: Name: 110 SEAGATE AVE Address: 1511 OSCEOLA AVENUE Address:

City-St-Zip: NEPTUNE BEACH, FL 32266 City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: PTD () Delete Title: (X) Change () Addition BOLL, DEVILLO M Name: LONG, HASTON M MR. Name:

City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: () Delete Title: (X) Change () Addition RIENDEAU, ARMAND DAVALT, ROBERT G MR. Name: Name: 2531 GALAPAGOS AVE E 1348 ASHLEY OAKS DRIVE Address: Address:

City-St-Zip: City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: LONG, HASTON M Name: MUNDY, EDWARD MR. Address: 2642 TIDE LANE Address: 13364 BEACH BLVD. City-St-Zip: ATLANTIC BEACH, FL 32233 29 City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH P. MCCREARY TD 04/04/2008