

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711858

FILED
Mar 23, 2009
Secretary of State

Entity Name: BEACHES COLUMBIAN ASSOCIATION, INC.

Current Principal Place of Business:

1401 2ND AVE NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1401 2ND AVE NORTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

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

Name and Address of Current Registered Agent:

LONG, HASTON M MR.
2642 TIDE LANE
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MCCREARY, JOSEPH P MR.
Address: 1511 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: PTD () Delete
Name: LONG, HASTON M MR.
Address: 2642 TIDE LANE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: S () Delete
Name: DAVALT, ROBERT G MR.
Address: 1348 ASHLEY OAKS DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VPD () Delete
Name: MUNDY, EDWARD MR.
Address: 13364 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HASTON LONG JR.

PTD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date