
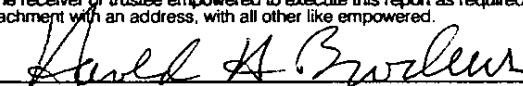


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90402 013 ****61.25

DOCUMENT # 713205 1. Entity Name BEACHES CHRISTIAN SERVICE CORPS., INC.						
Principal Place of Business 115 SOUTH THIRD STREET JACKSONVILLE BCH., FL 32250-3848			Mailing Address 115 SOUTH THIRD STREET JACKSONVILLE BCH., FL 32250-3848			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 23-7075576		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GILREATH, MELISSA T 115 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADFORD, LARRY 13126 JOHNS ISLAND CT JACKSONVILLE, FL 32224		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REVEREND PD HAROLD BRODEUR 1965 SEVILLA BLVD.W. Atlantic Beach, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, JOHN III 632 MAGNOLIA ST NEPTUNE BEACH, FL 32266		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN HORTON 1206 INDIAN WOODS DRIVE NEPTUNE BEACH, FLORIDA 32266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DRAKE, HARRY 2221 LAUGHING GULL CIRCLE ATLANTIC BEACH, FL 32233		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVEREND LEWIS PALMER 6266 BARRY DRIVE JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GABRIELLE, TONY 60 SOUTH NINE DR PONTE VEDRA, FL 32082		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT RADLOFF 1877 SEA OATS DRIVE Atlantic Beach, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, MURRAY 6639 SOUTHPOINT PKWY, #106 JACKSONVILLE, FL 32216		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY ANN HULIHAN 6-B PONTE VEDRA COURT PONTE VEDRA, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLESON, PATRICIA 381 4TH STREET ATLANTIC BEACH, FL 32233		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVEREND PEYTON HOPKINS 150 SHERRY DRIVE Atlantic Beach, FL 32233	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 			4-24-08 - 824-9423			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			