


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90307 032 ****61.25

DOCUMENT # 726704

1. Entity Name
BEAU RIVAGE OF JACKSONVILLE, INC.



Principal Place of Business
**2970 ST JOHNS AVENUE
 JACKSONVILLE, FL 32205**

Mailing Address
**8641 BAYPINE RD
 STE 1
 JACKSONVILLE, FL 32256**


2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4000000



04252005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1567787

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PROPERTY SERVICES INC.
 8641 BAYPINE RD
 STE 1
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	KNIGHT, PALMOR	
STREET ADDRESS	2970 ST. JOHNS AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOX, CAROLYN	
STREET ADDRESS	2970 ST. JOHNS AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, GEORGE	
STREET ADDRESS	2970 ST. JOHNS AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HORNER, RENA	
STREET ADDRESS	2970 ST JOHNS AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Henderson	
STREET ADDRESS	2970 St Johns Ave 76	
CITY-ST-ZIP	Jacksonville FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jean Henderson as agent **4/26/05** **904-731-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #