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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732515 (2)

1. Corporation Name

BEACON HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12354 HIDDEN HILLS LANE
JACKSONVILLE FL 32225-870212354 HIDDEN HILLS LANE
JACKSONVILLE FL 32225-17023. Date Incorporated or Qualified
04/22/19753a. Date of Last Report
03/12/19964. FEI Number
59-1869281Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYERS, BESS
12354 HIDDEN HILLS LANE
JACKSONVILLE FL 32225

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PO ☐ DELETE
NAME PIERCE, MELISSA
STREET ADDRESS 4513 CHARLES BENNETT DRIVE
CITY - ST - ZIP JACKSONVILLE FL1.1 TITLE VO ☐ Change ☒ Addition
1.2 NAME LEE, KAYE
1.3 STREET ADDRESS 11750 Jocelyn Road
1.4 CITY - ST - ZIP JACKSONVILLE, FL 32225TITLE DT ☐ DELETE
NAME MEYERS, BESS
STREET ADDRESS 12354 HIDDEN HILLS LANE
CITY - ST - ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME CRAWLEY, JOHN
STREET ADDRESS 11687 JONATHAN RD
CITY - ST - ZIP JACKSONVILLE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME GARLAND, SMITH
STREET ADDRESS 11637 JONATHAN RD
CITY - ST - ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BESS MEYERS

1/6/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0008085

CR2E037 (9/96)