

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733829

FILED
Feb 22, 2010
Secretary of State

Entity Name: BEACHES COUNCIL ON AGING, INC.

Current Principal Place of Business:

281 19TH AVE. SOUTH
JACKSONVILLE BEACH, FL 322506126

New Principal Place of Business:

Current Mailing Address:

281 19TH AVE. SOUTH
JACKSONVILLE BEACH, FL 322506126

New Mailing Address:

FEI Number: 59-2085222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENNIS, GAIL
332- 8TH STREET
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: PD
Name: FURLONG, BENNIE
Address: 1820 TANGLEWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH,, FL 322502929

Title: SD
Name: DEARBORN, AUDREY
Address: 117 MARSH COVE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD
Name: ENNIS, GAIL
Address: 322-8TH STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D
Name: GILREATH, MELISSA
Address: 115 SOUTH 3RD ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D
Name: KING, SUSAN
Address: 1993 COLINA CT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D
Name: PRUITTE, HARRIET
Address: 217 1/2 MAGNOLIA ST
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby 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 all other like empowered.

SIGNATURE: GAIL ENNIS

VD

02/22/2010

Electronic Signature of Signing Officer or Director

Date