


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 018 ****61.25

DOCUMENT # 740277
 1. Entity Name
BEACH BAPTIST CHAPEL, INC.



Principal Place of Business Mailing Address
311 COLOMBUS STREET **311 COLOMBUS ST**
PORT ST JOE FL 32456 **PORT ST JOE FL 32456**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-1874722 Not Applicable

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

6. Name and Address of Current Registered Agent

OLEN P RONEY
212 PINEDA ST
PORT ST. JOE FL 32456

CHANGE 3797B Hwy 27
Gracerville, FL
32440

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	T	<input type="checkbox"/> Delete
NAME	ADAMS, JANICE	
STREET ADDRESS	191 DOVE LANE	
CITY-ST-ZIP	WEWA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLEN, RONEY P	
STREET ADDRESS	216 PINEDA ST	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, DAVID	
STREET ADDRESS	217 MAGELLAN STREET	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	T	<input type="checkbox"/> Delete
NAME	TODD, MIKE	
STREET ADDRESS	248 COLUMBUS ST	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARKER, TOM	
STREET ADDRESS	341 BALBOA ST	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWELL, SAMMY	
STREET ADDRESS	6739 ALABAMA AVE	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<i>3797 B Hwy 27</i>	
STREET ADDRESS	<i>Gracerville, FL</i>	
CITY-ST-ZIP	<i>32440</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>220 Selma St</i>	
STREET ADDRESS	<i>P 55, FL 32456</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>101 Palm Breeze Way</i>	
STREET ADDRESS	<i>P.S. 7, FL 32456</i>	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Olen P Roney* **OLEN P RONEY** **3-14-06**