


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90171 022 ****70.00

DOCUMENT # 740277

1. Entity Name
BEACH BAPTIST CHAPEL, INC.



Principal Place of Business
311 COLOMBUS STREET
PORT ST JOE, FL 32456 US

Mailing Address
311 COLOMBUS ST
PORT ST JOE, FL 32456 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04212007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
OLEN P RONEY
3797 B HWY 27
GRACEVILLE, FL 32440

7. Name and Address of New Registered Agent
 Name **David E Richardson**
 Street Address (P.O. Box Number is Not Acceptable)
220 Selma Street
 City **Port St Joe** FL Zip Code **32456**

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 *David E Richardson* **David E Richardson** 4/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, JANICE 191 DOVE LANE WEWA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLEN, RONEY P 3797 B HWY 27 GRACEVILLE, FL 32440	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, DAVID 220 SELMA ST PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TODD, MIKE 248 COLUMBUS ST PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, TOM 401 PALM-BREEZE WAY PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, SAMMY 6239 ALABAMA AVE PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Adams, Janice 191 Dove Lane Wewahitchka, FL 32465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O Richardson, David 220 Selma Street Port St	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/T Todd, Mike 248 Columbus St Port St Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/T Parker, Tom 341 Palm Breeze Street Port St Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/T Powell, Sammy 101 Palm Breeze Way Port St Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David E Richardson* 4/21/07 850-227-9562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

David E Richardson