


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90022 016 ****70.00

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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1874722** Applied For
Not Applicable

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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**RICHARDSON, DAVID E
220 SELMA STREET
PORT SAINT JOE FL 32456**

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 reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

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	WEWAHITCHKA FL 32465	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OLEN, RONEY P	
STREET ADDRESS	3797 B HWY 27	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	CDT	<input type="checkbox"/> Delete
NAME	RICHARDSON, DAVID	
STREET ADDRESS	220 SUMRA ST	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TODD, MIKE	
STREET ADDRESS	248 COLUMBUS ST	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PARKER, TOM	
STREET ADDRESS	341 BALBOA STREET	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	DT	<input type="checkbox"/> Delete
NAME	POWELL, SAMMY	
STREET ADDRESS	101 PALM BREEZE WAY	
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		
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 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: *David E. Richardson* **David E. Richardson** **2-3-2008**