2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746111

FILED Jan 13, 2007 Secretary of State

Entity Name: BEACHES AREA HISTORICAL SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

425 BEACH BLVD

JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

P. O. BOX 50646

JACKSONVILLE BEACH, FL 322400646

FEI Number: 59-1887942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILLEGASS, WILLIAM G. 427 NORTH 3RD STREET

JACKSONVILLE BEACH, FL 32250 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 LEE, TISA
 Name:
 WATSON, MARY

 Address:
 1085 BEACH AVENUE
 Address:
 352 PONTE VEDRA BLVD

Address: 1085 BEACH AVENUE Address: 352 PONTE VEDRA BLVD

City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete Title: T (X) Change () Addition

Name:HILLEGASS, WILLIAM GName:HILLEGASS, WILLIAM GAddress:3739 DUVAL DRIVEAddress:3739 DUVAL DRIVE

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

 $\label{eq:title:solution} \mbox{Title:} \qquad \mbox{S} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P} \qquad \mbox{(X) Change () Addition}$

Name:CARTER, SUSANName:DICKINSON, MAXWELLAddress:1636 ROBERTS DRIVEAddress:1199 BEACH AVENUECity-St-Zip:JACKSONVILLE BEACH, FL 32250City-St-Zip:ATLANTIC BEACH, FL 32233

Title: D () Delete Title: () Change () Addition

 Name:
 MCCORMICK, JEAN
 Name:

 Address:
 318 SAN JUAN DRIVE
 Address:

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082
 City-St-Zip:

Title: P () Delete Title: PP (X) Change () Addition

Name: LEER VAN, SAM Name: LEER VAN, SAM
Address: 236 SHELL BLUFF CT Address: 236 SHELL BLUFF CT

City-St-Zip: PONTE VEDRA BEACH, FL 32022 City-St-Zip: PONTE VEDRA BEACH, FL 32022

Title: () Delete Title: D () Change (X) Addition Name: DICKSINSON, EDNA

 Name:
 Name:
 DICKSINSON, EDNA

 Address:
 Address:
 1199 BEACH AVENUE

 City-St-Zip:
 City-St-Zip:
 ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM G HILLEGASS T 01/13/2007