

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90051 036 ****61.25

DOCUMENT # 746111

1. Entity Name
BEACHES AREA HISTORICAL SOCIETY, INC.



Principal Place of Business
**425 BEACH BLVD
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**P. O. BOX 50646
JACKSONVILLE BEACH, FL 32240-0646**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1887942

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILLEGASS, WILLIAM G.
427 NORTH 3RD STREET
JACKSONVILLE BEACH, FL 32250**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME WATSON, MARY
STREET ADDRESS 352 PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Change ☐ Addition
NAME Steve Williams
STREET ADDRESS 3731 Duval Drive
CITY-ST-ZIP JB FL 32250

TITLE T ☐ Delete
NAME HILLEGASS, WILLIAM G
STREET ADDRESS 3739 DUVAL DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☐ Change ☐ Addition
NAME Tim Ellis
STREET ADDRESS 332 PV Blvd
CITY-ST-ZIP PVB FL 32082

TITLE PP ☐ Delete
NAME DICKINSON, MAXWELL
STREET ADDRESS 1199 BEACH AVENUE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ Change ☐ Addition
NAME William Hillegass
STREET ADDRESS 3739 DUVAL DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ Delete
NAME MCCORMICK, JEAN
STREET ADDRESS 318 SAN JUAN DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Change ☐ Addition
NAME Tom Everidge
STREET ADDRESS 1224 51st St Ct
CITY-ST-ZIP JB FL 32250

TITLE PP ☐ Delete
NAME LEER VAN, SAM
STREET ADDRESS 236 SHELL BLUFF CT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32022

TITLE ☐ Change ☐ Addition
NAME Maxwell Dickinson
STREET ADDRESS 1199 Beach Ave
CITY-ST-ZIP Atlantic Beach FL 32233

TITLE D ☐ Delete
NAME DICKINSON, EDNA
STREET ADDRESS 1199 BEACH AVENUE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ Change ☐ Addition
NAME Billy A Beasley
STREET ADDRESS 1482 Apple Oak Ct
CITY-ST-ZIP Jax FL 32225

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-08