


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 036 ****61.25

DOCUMENT # 762330
 1. Entity Name
BEACHES COUNCIL FOR DISABLED PERSONS, INC.



Principal Place of Business
**321 PENMAN ROAD
 JACKSONVILLE BEACH, FL 32250**

Mailing Address
**321 PENMAN ROAD
 JACKSONVILLE BEACH, FL 32250**

60032239



2. Principal Place of Business - No P.O. Box #
2508 South BEACH PARKWAY

3. Mailing Address
2508 South BEACH PARKWAY

Suite, Apt. #, etc.

04292008 Chg-NP CR2E037 (12/06)

City & State
Jacksonville BEACH, FL.

City & State
Jacksonville BEACH, FL.

Zip
32250

Country
DUVAL

Zip
32250

Country
DUVAL

4. FEI Number
59-2347951

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILKINS, JIMMY
 321 PENMAN ROAD
 JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent

Name **JIMMY WILKINS**

Street Address (P.O. Box Number is Not Acceptable)
2508 South BEACH PARKWAY

City **JACKSONVILLE BEACH** FL Zip Code **32250**

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 **JIMMY WILKINS** (NOTE: Registered Agent signature required when reinstating)

DATE **4/29/08**

**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

TITLE	P	<input type="checkbox"/> Delete
NAME	WOODEN, ANNIE	
STREET ADDRESS	1219 MAYPORT LANDING DRIVE	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, AMY	
STREET ADDRESS	614 MIDWAY STREET	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOPSON, MADELINE	
STREET ADDRESS	5466 RIVERWOOD ROAD NORTH	
CITY-ST-ZIP	ST AUGUSTINE, FL 32092	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILKINS, JIMMY	
STREET ADDRESS	321 NORTH PENMAN ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISKE, GARY	
STREET ADDRESS	539 HOPKINS STREET	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: **JIMMY WILKINS** **JIMMY WILKINS**

DATE: **4/29/08** DAYTIME PHONE: **(904) 247-6236**