

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762330

FILED
Apr 21, 2009
Secretary of State

Entity Name: BEACHES COUNCIL FOR DISABLED PERSONS, INC.

Current Principal Place of Business:

2508 S BEACH PKWY
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

2508 S BEACH PKWY
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-2347951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINS, JIMMY
2508 S BEACH PWKY
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: WOODEN, ANNIE
Address: 1219 MAYPORT LANDING DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: V () Delete
Name: ROBERTS, AMY
Address: 614 MIDWAY STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: S () Delete
Name: HOPSON, MADELINE
Address: 5466 RIVERWOOD ROAD NORTH
City-St-Zip: ST AUGUSTINE, FL 32092

Title: T () Delete
Name: WILKINS, JIMMY
Address: 321 NORTH PENMAN ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Delete
Name: FISKE, GARY
Address: 539 HOPKINS STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TUCKER, KARA
Address: 1650 LEEWARD LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WILKINS, JIMMY
Address: 2508 SOUTH BEACH PARKWAY
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JIMMY WILKINS

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04/21/2009

Electronic Signature of Signing Officer or Director

Date