

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762330

FILED  
Sep 13, 2012  
Secretary of State

**Entity Name:** BEACHES COUNCIL FOR DISABLED PERSONS, INC.

**Current Principal Place of Business:**

1198 SANDPIPER LANE EAST  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1198 SANDPIPER LANE EAST  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 59-2347951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TINGEN, MARK  
1198 SANDPIPER LANE EAST  
ATLANTIC BEACH, FL 32233 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  
Name: TUCKER, KARA  
Address: 1650 LEEWARD LANE  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: V  
Name: CHARLIE, LARGEN  
Address: 3685 ARIEL COURT  
City-St-Zip: JACKSONVILLE, FL 32273

Title: T  
Name: TINGEN, MARK  
Address: 1198 SANDPIPER LANE EAST  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby 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 all other like empowered.

SIGNATURE: MARK TINGEN

T

09/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date