

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90085 031 ****61.25

DOCUMENT # 762330

1. Entity Name
BEACHES COUNCIL FOR DISABLED PERSONS, INC.



Principal Place of Business
**13729 W.M. DAVIS PKWY. W
JACKSONVILLE FL 32224**

Mailing Address
**13729 W.M. DAVIS PKWY. W
JACKSONVILLE FL 32224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2347951**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AHERN, FRED L JR
2215 S THIRD ST
SUITE 101
JACKSONVILLE BEACH FL 32082**

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

FILE NOW: FEE IS \$61.25

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	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, JERRY	
STREET ADDRESS	115 S 3RD ST APT 1307	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEAN, JAN	
STREET ADDRESS	114 EVANS DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILKINS, JIMMY	
STREET ADDRESS	11 N 3RD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAYBROOK, CHARLOTTE	
STREET ADDRESS	13729 W.M. DAVIS PKWY. W	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVID	
STREET ADDRESS	850 SEMINOLE ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, GENE	
STREET ADDRESS	12774 MEADOW SWEET LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

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
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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 exemption stated in Section 119.07(3)(i), 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: *Charlotte L. Raybrook Pres. BCDS 1-16-03 (904) 992-8414* **CHARLOTTE L. RAYBROOK**

CR2E037 (10/02)