

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra J. Morheim
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768117

(4)

1. Corporation Name

BEACHES ARTS CENTER, INC.



100001796821
-04/26/96--01094--010

Principal Place of Business
1301-A Penman
1230 BEACH BLVD.
JACKSONVILLE BCH. FL 32250
US

Mailing Address
1301-A Penman
1230 BEACH BLVD.
JACKSONVILLE BCH. FL 32250
US

3. Date of Incorporation or Qualified
04/25/1983

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1301-A Beaches Arts
Center

26 Suite, Apt. #, etc.

22 1301-A Penman Rd.

27 City & State

23 Jacksonville, FL

28 Zip

24 32250

25 USA

29 Country

30

4. FEI Number
59-2302351

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARZBECKER, DICK
13058 S FIDDLERS CIRCLE RD
JACKSONVILLE FL 32225

81 Name Perry J. Russell
82 Street Address (P.O. Box Number is Not Acceptable)
6975 Hanson Dr. S.
83
84 City Jacksonville FL 85 Zip Code 32210

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Perry J. Russell

Treasurer Perry Russell

DATE 3-15-96

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	MORIN, CLAIRE	1849 SEMINOLE RD	ATLANTIC BEACH FL	<input checked="" type="checkbox"/>
DV	DELFOSE, RAE	6580 RIVER POINTE DR	GREEN COVE SPRINGS FL	<input checked="" type="checkbox"/>
DV	WAGNON, AMRGIE	734 OCEANFRONT	NEPTUNE BEACH FL	<input checked="" type="checkbox"/>
DT	ARZ BECKER, RICHARD	13058 S FIDDLERS CIRCLE ROAD	JACKSONVILLE FL	<input checked="" type="checkbox"/>
DS	CALLAHAN, CATHERINE L	18 M SANPABLO CIRCLE	JACKSONVILLE FL	<input checked="" type="checkbox"/>
DS	CALLAHAN, CATHERINE L	18 N. SAN PABLO CIRCLE	JACKSONVILLE BCH. FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DPRES	Wagon, Marjie	13799 Heathford Dr.	Jacksonville, FL 32224	<input checked="" type="checkbox"/>
DV. PRES.	VIRGINIA FORD	346 Second St	Atlantic Beach, FL 32233	<input checked="" type="checkbox"/>
D 2nd v. Pres.	Barbara Womack	532 1/2 Oleander St.	Neptune Beach, FL 32266	<input checked="" type="checkbox"/>
D Secretary	Hickey, Mary Beth	605 N. 11th St	Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/>
D Treasurer	Russell Perry	6975 Hanson Dr.	Jacksonville, FL 32210	<input checked="" type="checkbox"/>
D Corresponding Secretary	Callahan, Catherine L	18 N. San Pablo Circle	Jacksonville, Beach, FL 32250	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjie Wagon MARJIE I. WAGNON

DATE 3/15/96 (64) 223-5618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

CR2E037 (12/95)