## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 768117

(4)

Mailing Address

BEACHES ARTS CENTER, INC.

FILED											
Mar	19	1997	8:00am								
Se	cret	tary of	f State								



Principal Place of Business Mailing Ad-		Mailing Address	Address		f (6811); (2018 61)83 1018) (1881 1189) rest, and and the state attention and the state attention				
BEACHES ARTS		BEACHES ARTS CENTER 1301-A PENMAN RD.	İ						
JACKSONVILLE FL 32250 US		JACKSONVILLE FL 32250-3685 US			3. Date Incorporated or Qualified 04/25/1983				
	lace of Business	2a. Mailing Address			4. FEI Number 59-2302351		<del></del>	pplied For	
21		26]			39 2002031			lot Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		<b>-</b>	Additional Required	
City & Stat	10	City & State	,		6. Election Campaign Financing			) May Be	
23		28			Trust Fund Contribution	Added to Fees			
<b>7</b> ιρ	Country	Zip	Count	ry	8. This corporation has liability for				
24	25	29	30	•		Yes [		J. 702.302,	
24	9. Name and Address of Curre				10. Name and Address of New Re	gistered A	gent		
			8	1 Name					
DUCCEL	I DEDDY I			2 2 1					
	l, Perry J Inson dr. s.		8	2 Street Ad	idress (P.O. Box Number is Not Accepta	Die)			
	NVILLE FL 32210		В	3					
0,10,100			-	4 City			85 Zip	Code	
			6	• City		FL	195   2.1P	Code	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Sta	tutes, the abo	ve-named co	orporation submits this statement for the	purpose of	changing	its registered	
office or	registered agent, or both, in the Sta	te of Florida. Such change wa	s authorized I	by the corpor	ration's board of directors. I hereby acce	pt the appo	ointment a	s registered	
agent La	am familiar with, and accept the obli	gations or, Section 617.0503,	Fiorida Statut	es.					
SIGNATURE	Signature, typical or printed name of registered a	A eldes loca h offit poe trees	NOTE: Bag stered A	gent signature rec	quired when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	IRS IN 12	
TILLE	DP	DELETE	1.1 TATLE		DP		Change	☐ Addition	
NAME		<b>_</b>	1,2 NAM	•	Want Roth Hick	eu			
	WAGNON, MARJIE			ET ADDRESS	ASS N. IN ST.				
STREET ADDRESS	13799 HEAPHFORD DR.				JAX BOARS	322	50		
CHY-ST-ZIP	JACKSONVILLE FL 32224	DELETE	2.1 TITLE	-ST-ZIP	DI SO		Change	Addition	
TOTLE	DVP	( DECENT	2.1 NAM	14	Barbara Wang	n b	Uponango	//ao///ai/	
NAME	FORD, VIRGINIA			- i	Darbara, volta	<b>**</b>			
STRELL ADDRESS	346 SECOND ST.			ET ADDRESS		E.	22	266	
CITY - S1 - ZIP	ATLANTIC BEACH FL 32233	DELETE		/-ST-ZIP	tepring e Bench	1 1 1 1	1 000000	Addition	
TITLE	D2VP	THE DELETE	3 1 TITLE	<b>P</b>	PERVEN	•	Bilange	L MODITION	
NAME	WOMACK, BARBARA		3 2 NAM		Jim Woore				
STREET ADDRESS	532 1/2 OLEANDER ST.		3.3 STRE	ET ADDRESS	in 3 chave they	<u></u>			
CITY - \$1 - ZIP	NEPTUNE BEACH FL 32268			-ST-ZIP	monte veara, FL	320	بلعري		
TOTLE	DS	DELETE	4.1 TITU	1	<b>D5 いたころだ</b>	אי	Спапре	L Addition	
NAME	HICKEY, MARY BETH		4. 2 NAN	AE .	Scotty inorth	N			
STREET ADDRESS	605 N. 11TH ST.		4.3 STRE	ET ADDRESS	39 fourway Lan	<u>ہ</u> ہے	~~		
CITY-ST-7IP	JACKSONVILLE BEACH FL	32250	4.4 CITY	- \$1 - 2IP	Jax. Beach, P	430	<u> </u>		
TITLE	DT	☐ DELETE	5.1 TITLE		DT O		Change	Addition	
NAME	RUSSELL, PERRY		5.2 NAM	E 👖	being it made it	_ <			
STREET ACIDRESS	6975 HARNSON DR. S.		5.3 STRE	ET ADDRESS	6978 Hanson	<b>元・</b> ラ・	•		
CITY-ST-7/P	JACKSONVILLE FL 32210	. /	5.4 CITY	-ST-ZIP	vacksonville.F	loric	رملا	32210	
101LF	DCS	DELETE	6.1 TITLI	: 7	DCS:		Change	Addition	
NAME	CALLAHAN, CATHERINE L		6.2 NAM	E 4	Markle Waggo		٠.		
STREET ADDRESS			6.3 STR	ET ADDRESS	DACH LEGISTON	d Di	•		
CITY - S1 - ZIP	JACKSONVILLE BEACH FL	32250	1	-ST-ZIP	Jackson ville:1952	224			
G111 - G11 - 717	SOUND THE PEROIT E		on on t		tod in Contine \$10 07/2V/i). Flor do Clatut	oo lifurthor	portification	at the	

14. I do horeby 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 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.