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Mar 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768117 (4)

1. Corporation Name

BEACHES ARTS CENTER, INC.



Principal Place of Business

Mailing Address

BEACHES ARTS CENTER
1301-A PENMAN RD.
JACKSONVILLE FL 32250
USBEACHES ARTS CENTER
1301-A PENMAN RD.
JACKSONVILLE FL 32250-3685
US

3. Date Incorporated or Qualified

04/25/1983

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, PERRY J
6975 HANSON DR. S.
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	WAGNON, MARJIE	13799 HEAPHFORD DR.	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>
DVP	FORD, VIRGINIA	346 SECOND ST.	ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/>
D2VP	WOMACK, BARBARA	532 1/2 OLEANDER ST.	NEPTUNE BEACH FL 32266	<input checked="" type="checkbox"/>
DS	HICKEY, MARY BETH	605 N. 11TH ST.	JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/>
DT	RUSSELL, PERRY	6975 HANSON DR. S.	JACKSONVILLE FL 32210	<input type="checkbox"/>
DCS	CALLAHAN, CATHERINE L	18 N. SAN PABLO CIRCLE	JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	Mary Beth Hickey	605 N. 11th St.	Jax. Beach, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	Barbara Womack	332 1/2 Oleander St.	Neptune Beach, FL 32266	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D2VP	Jim Moore	45 Crane Lake	Bonte Vedra, FL 32082	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	Scotty Thornton	39 Fairway Lane	Jax. Beach, FL 32250	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	Perry Russell	6975 Hanson Dr. S.	Jacksonville, Florida 32210	<input type="checkbox"/>	<input type="checkbox"/>
DCS	Margie Wagon	13799 Heaphford Dr.	Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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:

Perry J. Russell Perry J. Russell 3.14.97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008697

CR2E037 (9/96)