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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768117** (4)
1. Corporation Name
BEACHES ARTS CENTER, INC.



Principal Place of Business BEACHES ARTS CENTER 1301-A PENMAN RD. JACKSONVILLE FL 32250 US		Mailing Address BEACHES ARTS CENTER 1301-A PENMAN RD. JACKSONVILLE FL 32250 US		3. Date Incorporated or Qualified 04/25/1983	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2302351 Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RUSSELL, PERRY J 6975 HANSON DR. S. JACKSONVILLE FL 32210		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		82 Street Address (P.O. Box Number is Not Acceptable)		10. Name and Address of New Registered Agent	
		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	
TITLE DCS <input checked="" type="checkbox"/> DELETE	NAME MARGIE WAGNON
STREET ADDRESS 13799 HEAPHFORD DR	CITY-ST-ZIP JACKSONVILLE FL
TITLE DVP <input type="checkbox"/> DELETE	NAME JIM MOORE
STREET ADDRESS 145 CRANE LAKE	CITY-ST-ZIP PONTE VEDRA FL
TITLE DVP <input checked="" type="checkbox"/> DELETE	NAME WOMACK, BARBARA
STREET ADDRESS 532 1/2 OLEANDER ST.	CITY-ST-ZIP NEPTUNE BEACH FL
TITLE SD <input checked="" type="checkbox"/> DELETE	NAME SCOTTY THORNTON
STREET ADDRESS 39 FAIRWAY LANE	CITY-ST-ZIP JACKSONVILLE BEACH FL
TITLE DT <input type="checkbox"/> DELETE	NAME RUSSELL, PERRY
STREET ADDRESS 6975 HANSON DR. S.	CITY-ST-ZIP JACKSONVILLE FL 32210
TITLE DT <input type="checkbox"/> DELETE	NAME PERRY RUSSELL
STREET ADDRESS 6975 HANSON DR S	CITY-ST-ZIP JACKSONVILLE BEACH FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME SCOTTY THORNTON
1.3 STREET ADDRESS 39 FAIRWAY LANE	1.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL
2.1 TITLE DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME CLAIRE MORIN
2.3 STREET ADDRESS 1849 SEMINOLE RD	2.4 CITY-ST-ZIP ATLANTIC BEACH, FL
3.1 TITLE DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME CATHERINE CALLAHAN
3.3 STREET ADDRESS 18 N. SAN PABLO CIR.	3.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL
4.1 TITLE DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME CAROL BULSON
4.3 STREET ADDRESS 1355 LINKSIDE DR.	4.4 CITY-ST-ZIP ATLANTIC BEACH, FL
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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: *Gertrude L. Thornton* *K. Scotty Thornton* 5/14/98 (904) 249-5055

CR2E037 (10/97)