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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768117

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/25/1983

4. FEI Number

59-2302351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

CAROL BULSON

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

1355 LINKSIDE DR.

83

ATLANTIC BEACH, FL

84 City

FL

85 Zip Code
32233

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

Carol M. Bulson

3-18-99

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 **DP** ☒ DELETE
NAME **MORIN, CLAIRE**
STREET ADDRESS **1849 SEMINOLE RD**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **DVP** ☒ DELETE
NAME **JIM MOORE**
STREET ADDRESS **145 CRANE LAKE**
CITY-ST-ZIP **PONTE VEDRA FL**

TITLE **DS** ☒ DELETE
NAME **CALLAHAN, CATHERINE**
STREET ADDRESS **18 N SAN PABLO CIRCLE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

TITLE **DP** ☒ DELETE
NAME **SCOTTY THORNTON**
STREET ADDRESS **39 FAIRWAY LANE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

TITLE **DT** ☒ DELETE
NAME **RUSSELL, PERRY**
STREET ADDRESS **6975 HANSON DR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **DT** ☒ 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** ☒ Change ☐ Addition
1.2 NAME **CAROL BULSON**
1.3 STREET ADDRESS **1355 LINKSIDE DR.**
1.4 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

2.1 TITLE **DVP** ☒ Change ☐ Addition
2.2 NAME **CATHERINE CALLAHAN**
2.3 STREET ADDRESS **18 NO. SAN PABLO CIR.**
2.4 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

3.1 TITLE **DVP** ☒ Change ☐ Addition
3.2 NAME **MARJIE WAGNOM**
3.3 STREET ADDRESS **13799 HEATHFORD DR**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32244**

4.1 TITLE **DVP** ☒ Change ☐ Addition
4.2 NAME **SLEETIA KELSEY**
4.3 STREET ADDRESS **12354 CONDOR DR**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

5.1 TITLE **DS** ☒ Change ☐ Addition
5.2 NAME **LINDA THORNWELL**
5.3 STREET ADDRESS **4210 CENTENNIAL POST ROAD**
5.4 CITY-ST-ZIP **ATLANTA, GA 30327**

6.1 TITLE **DT** ☒ Change ☐ Addition
6.2 NAME **ED KITSIS**
6.3 STREET ADDRESS **3925 PETITE DR. W.**
6.4 CITY-ST-ZIP **JACKSONVILLE, FL 32250**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-18-99

241-7260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL M. BULSON

Date

Daytime Phone #

CR2E037 (1/98)