

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90247 012 ****61.25

DOCUMENT # 768117 1. Entity Name BEACHES ARTS CENTER, INC.					
Principal Place of Business BEACHES ARTS CENTER 104 - 5TH AVENUE, N. JACKSONVILLE BEACH, FL 32250 US			Mailing Address BEACHES ARTS CENTER 4516 RONDEAU DR., 50. JACKSONVILLE, FL 32217 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address BEACHES ARTS CENTER 10 TENTH ST UNIT 49 City & State ATLANTIC BEACH FL Zip 32233		94072403 	
4. FEI Number 59-2302351		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BULSON, CAROL 1355 LINKSIDE DR ATLANTIC BCH, FL 32233			7. Name and Address of New Registered Agent Name RUTH BAMBERG Street Address (P.O. Box Number is Not Acceptable) 10 TENTH STREET UNIT 49 City ATLANTIC BEACH FL Zip Code 32233		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Ruth M. Bamberg, Treasurer</i></u> DATE <u>4/28/04</u> <small>Signature, typed by printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL, GORDON 109 SEA ISLAND DR. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TABOR-MIOLLA, FRANCESCA DVP 100 LAMPLIGHT LA. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GABIOU, JOYCE DVP 12316 RALEIGH RIDGE JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSEC TYLER, ANN 2755 GRAYTON CT. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAMBERG, RUTH DT 10 TENTH STREET - UNIT 49 ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.					
SIGNATURE: <u><i>Ruth M. Bamberg, Treas. (RUTH BAMBERG)</i></u> DATE <u>4/28/04</u> DAYTIME PHONE # <u>904-241-8690</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					