


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90189 050 ****61.25

DOCUMENT # N00000003945

1. Entity Name
FRIENDS OF ATLANTIC BEACH ELEMENTARY SCHOOL, INC.



Principal Place of Business
**675 BEACH AVE.
 ATLANTIC BEACH, FL 32233**

Mailing Address
**675 BEACH AVE.
 ATLANTIC BEACH, FL 32233**

2. Principal Place of Business
1015 ATLANTIC BLVD.

3. Mailing Address
1015 ATLANTIC BLVD.

Suite, Apt. #, etc.
Suite 238

Suite, Apt. #, etc.
Suite 238

City & State
ATLANTIC BEACH, FL


City & State
ATLANTIC BEACH, FL

Zip
32233

Country
USA

Zip
32233

Country
USA



04302006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3668674

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MELANCON, DEJEAN JR.
 675 BEACH AVE.
 ATLANTIC BEACH, FL 32233**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MELANCON, DEJEAN JR 675 BEACH AVENUE ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ASHBY, ELEANOR 1637 BEACH AVENUE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELANCON, DEJEAN JR 675 BEACH AVENUE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORE, STUART 1560 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. MELANCON, DEJEAN JR. 1852 BENCASING CT. ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVIS, JOSEPH 439 20th STREET ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDER, KATIE 1440 BEACH AVE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELANCON, LAURIE 675 BEACH AVENUE ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: Laurie Melancon **LAURIE MELANCON** 5/1/2006 904-241-2050

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #