

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 14, 2009**  
**Secretary of State**

DOCUMENT# N01000002865

**Entity Name:** BEACH FRONT COMMUNITY OUTREACH, INCORPORATED**Current Principal Place of Business:**1413 LEO JEFFERSON AVE  
AVON PARK, FL 33825**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 526  
AVON PARK, FL 33826**New Mailing Address:****FEI Number:** 59-3709931**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WILSON, ARNOLD R  
1413 LEO JEFFERSON AVE  
AVON PARK, FL 33825 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** WILSON, ROBERT J  
**Address:** 1413 LEO JEFFERSON AVE  
**City-St-Zip:** AVON PARK, FL 33825**Title:** VP ( ) Delete  
**Name:** BURT, JAMES  
**Address:** 711 N KENTUCKY AVE  
**City-St-Zip:** LAKELAND, FL 33801**Title:** S ( ) Delete  
**Name:** HIPPS, EMMA  
**Address:** 2508 N WELLSTON RD  
**City-St-Zip:** AVON PARK, FL 33825**Title:** D ( ) Delete  
**Name:** ARNOLD, WILSON R  
**Address:** P.O. BOX 526  
**City-St-Zip:** AVON PARK, FL 33826**Title:** TREA ( ) Delete  
**Name:** FLOYD, MAXINE  
**Address:** 101 E ERNEST E SIMS ST  
**City-St-Zip:** AVON PARK, FL 33825**Title:** MEMB ( ) Delete  
**Name:** CONEY, SONJI  
**Address:** 1404 MARTIN LUTHER KING JR BLVD  
**City-St-Zip:** LAKELAND, FL 33805**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SECR (X) Change ( ) Addition  
**Name:** HIPPS, EMMA  
**Address:** 2508 N WELLSTON RD  
**City-St-Zip:** AVON PARK, FL 33825**Title:** ED (X) Change ( ) Addition  
**Name:** ARNOLD, WILSON R  
**Address:** P.O. BOX 526  
**City-St-Zip:** AVON PARK, FL 33826**Title:** MEMB (X) Change ( ) Addition  
**Name:** FLOYD, MAXINE  
**Address:** 101 E ERNEST E SIMS ST  
**City-St-Zip:** AVON PARK, FL 33825**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD WILSON

ED

05/14/2009

Electronic Signature of Signing Officer or Director

Date