

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007101

FILED
Apr 24, 2009
Secretary of State

Entity Name: BEACHES ELDERLY HOUSING CORPORATION

Current Principal Place of Business:

115 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

115 THIRD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3751503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDONALD, SUSAN C ESQ.
1301 RIVER PLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 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: LICKFELD, SUE
Address: 13411 CURRITUCK DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: BENSON, MARVIN T
Address: 2335 L ATRIUM CIRCLE N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: TIPTON, JODIE
Address: 26 TALLWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD () Delete
Name: MORISON, JACK
Address: 152 ABACO WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ENRIGHT, WILLIAM
Address: 10 SEATROUT ST.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR. () Change (X) Addition
Name: WALL, ROBERT
Address: 1486 BEGONIA STREET
City-St-Zip: ATLANTIC BEACH,, FL 32233

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: MELISSA T. GILREATH

ED

04/24/2009

Electronic Signature of Signing Officer or Director

Date