

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-29-2004 90090 003 ****61.25

DOCUMENT # N01647

1. Entity Name

BEACHES EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

C/O DON CHAO
1617 BEACH BLVD
JACKSONVILLE BEACH FL 32250

Mailing Address

C/O DON CHAO
1617 BEACH BLVD
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2414800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CHAO, DON
1617 BEACH BLVD
JACKSONVILLE BEACH FL 32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROZANN T	
STREET ADDRESS	45 OAKWOOD RD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAO, DON	
STREET ADDRESS	1617 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRANKS, GREG	
STREET ADDRESS	59 TALLWOOD RD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTTON, JOHN W	
STREET ADDRESS	736 FOURTH AVE. NO.	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRONER, NANCY	
STREET ADDRESS	1354 PINEWOOD RD.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUNG, DAVID	
STREET ADDRESS	P.O BOX 50429	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Claire Brennan, (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2042 Cherokee Dr.	
STREET ADDRESS	Neptune Beach, FL. 32266	
CITY-ST-ZIP		
TITLE	Carol Mabry, (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	407 Oceanwalk Dr. S.	
STREET ADDRESS	Atlantic Beach, FL. 32233	
CITY-ST-ZIP		
TITLE	Wayne Forrest (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1507 Forest Marsh Dr.	
STREET ADDRESS	Neptune Beach, FL. 32266	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dru Jensen-Jones	
STREET ADDRESS	357 Pablo Point Dr. N.	
CITY-ST-ZIP	Jacksonville, FL. 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Don Chao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #