

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01647

FILED
Jan 06, 2005
Secretary of State

Entity Name: BEACHES EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2414800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAO, DON
1617 BEACH BLVD
JACKSONVILLE BEACH, FL 32250 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: D () Delete
Name: WILLIAMS, ROZANN T
Address: 45 OAKWOOD RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD () Delete
Name: CHAO, DON
Address: 1617 BEACH BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P () Delete
Name: FRANKS, GREG
Address: 59 TALLWOOD RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: SUTTON, JOHN W
Address: 736 FOURTH AVE. NO.
City-St-Zip: JACKSONVILLE BCH., FL

Title: D () Delete
Name: BRONER, NANCY
Address: 1354 PINEWOOD RD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: YOUNG, DAVID
Address: P.O BOX 50429
City-St-Zip: JACKSONVILLE BEACH, FL 32240

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DON CHAO

TD

01/06/2005

Electronic Signature of Signing Officer or Director

Date