2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01647

FILED Aug 14, 2006 Secretary of State

Entity Name: BEACHES EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
C/O DON CHAO		C/O REID WINGATE	
1617 BEACH BLVD		510 HIGHWAY A1A NORTH	
JACKSONVILLE BEACH, FL 32250		PONTE VEDRA BEACH, FL 32082	
Current Mailing Address:		New Mailing Address:	
C/O DON CHAO		C/O REID WINGATE	
1617 BEACH BLVD		510 HIGHWAY A1A NORTH	
JACKSONVILLE BEACH, FL 32250		PONTE VEDRA BEACH, FL 32082	
FEI Number:		mber Not App	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
CHAO, DON		WINGATE, REID	
1617 BEACH BLVD		510 HIGHWAY A1A NORTH	
JACKSONVILLE BEACH, FL 32250 US		PONTE VEDRA BEACH, FL 32082 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATUR	RE: REID WINGATE		08/14/2006
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D () Delete	Title:	() Change () Addition
Name:	WILLIAMS, ROZANN T	Name:	
Address:	45 OAKWOOD RD	Address:	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	City-St-Zip:	
Title:	TD () Delete	Title:	TD (X) Change () Addition
Name:	CHAO, DON	Name:	WINGATE, REID
Address:	1617 BEACH BLVD	Address:	510 HIGHWAY A1A NORTH
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	City-St-Zip:	PONTE VEDRA BEACH, FL 32082
Title:	P () Delete	Title:	() Change () Addition
Name:	FRANKS, GREG	Name:	
Address:	59 TALLWOOD RD	Address:	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	City-St-Zip:	
Title:	D () Delete	Title:	() Change () Addition
Name:	SUTTON, JOHN W	Name:	
Address:	736 FOURTH AVE. NO.	Address:	
City-St-Zip:	JACKSONVILLE BCH., FL	City-St-Zip:	
Title:	D () Delete	Title:	() Change () Addition
Name:	BRONER, NANCY	Name:	
Address:	1354 PINEWOOD RD.	Address:	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	City-St-Zip:	
Title:	VD () Delete	Title:	() Change () Addition
Name:	YOUNG, DAVID	Name:	
Address:	P.O BOX 50429	Address:	
City-St-Zip:	JACKSONVILLE BEACH, FL 32240	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: REID WINGATE TD 08/14/2006