

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01647

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: BEACHES EDUCATIONAL FOUNDATION, INC.

## Current Principal Place of Business:

C/O REID WINGATE  
510 HIGHWAY A1A NORTH  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

## Current Mailing Address:

C/O REID WINGATE  
510 HIGHWAY A1A NORTH  
PONTE VEDRA BEACH, FL 32082

## 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:

WINGATE, REID  
510 HIGHWAY A1A NORTH  
PONTE VEDRA BEACH, FL 32082 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: WINGATE, REID  
Address: 510 HIGHWAY A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: P (X) Change ( ) Addition  
Name: JUMBER, RHONDA  
Address: 74 TALLWOOD RD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 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

02/21/2007

Electronic Signature of Signing Officer or Director

Date