

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01647

FILED
Mar 20, 2009
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

Current Mailing Address:

C/O REID WINGATE
P.O. BOX 50739
JACKSONVILLE BEACH, FL 32250 07

New Principal Place of Business:

C/O RHONDA JUMBER
47 TALLWOOD RD.
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

C/O REID WINGATE
P.O. BOX 50739
JACKSONVILLE BEACH, FL 32240

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:

WINGATE, REID
4256 TRADEWINDS DR.
JACKSONVILLE BEACH, FL 32250 US

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: REID WINGATE

03/20/2009

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: JUMBER, RHONDA
Address: 74 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: TD (X) Change () Addition
Name: WINGATE, REID
Address: P.O. BOX 50739
City-St-Zip: JACKSONVILLE BEACH, FL 32240

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 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

03/20/2009

Electronic Signature of Signing Officer or Director

Date