


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90122 034 ****61.25

DOCUMENT # N03000005253 1. Entity Name BEACHES RESOURCE CENTER FOUNDATION, INC.					
Principal Place of Business 700 SEAGATE AVENUE NEPTUNE BEACH, FL 32266			Mailing Address 700 SEAGATE AVENUE NEPTUNE BEACH, FL 32266		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-0048420	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		04222008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent FISHER, TOUSEY, LEAS & BALL, P.A. 818 NORTH A1A SUITE 104 PONTE VEDRA BEACH, FL 32082				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEZMOND, WATERS <input checked="" type="checkbox"/> Delete 1835 SEMINOLE ROAD ATLANTIC BEACH, FL 32233			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORELAND, JOHN <input type="checkbox"/> Delete 1444 BEACH BOULEVARD STE 60 JACKSONVILLE, FL 32250			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LEAS, GALE S <input type="checkbox"/> Delete 1915 OAK CIRCLE ATLANTIC BEACH, FL 32233			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARAGA, SHELIA <input type="checkbox"/> Delete 3976 PONTE VEDRA BLVD JACKSONVILLE BEACH, FL 32250			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEAS, MICHAEL R <input type="checkbox"/> Delete ONE INDEPENDENT DRIVE SUITE 2600 JACKSONVILLE, FL 32202			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leas, Michael R. 501 Riverside Ave., Ste. 600 Jacksonville, Florida 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CARPER, RICK <input type="checkbox"/> Delete 1810 SELVA GRANDE DRIVE ATLANTIC BEACH, FL 32233			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Michael R. Leas, Director 4/22/2008 (904)356-2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40081641



ATTACHMENT

40081641
N03000005253

BEACHES RESOURCE CENTER FOUNDATION, INC.

Title	Name	Address
Director/Secretary	Kathleen Braddock	3741 South 1st Street Jacksonville, Florida 32250
Director	Cindy Funkhouser	12921 Wax Myrtle Lane Jacksonville, Florida 32246