


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N03000010312</b><br>1. Entity Name<br>BEACH CHARITIES, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>9375 BLIND PASS ROAD<br>ST. PETE BEACH, FL 33706 | Mailing Address<br>9375 BLIND PASS ROAD<br>ST. PETE BEACH, FL 33706 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-NP CR2E037 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-0475576                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>JOHNSON, WENDY C<br>9375 BLIND PASS ROAD<br>ST. PETE BEACH, FL 33706 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JOHNSON, WENDY C<br>9375 BLIND PASS ROAD<br>ST. PETE BEACH, FL 33706 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>JOHNSON, ALAN P<br>9375 BLIND PASS ROAD<br>ST. PETE BEACH, FL 33706  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>VERNON, MONICA<br>146 17TH AVENUE NE<br>ST PETERSBURG, FL 33704     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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04/20/04-80034-025 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  | 4/16/04 7273638881                  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>              | <small>Date Daytime Phone #</small> |