

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001555

1. Entity Name
STOP THE BEACH RENOURISHMENT, INC.



Principal Place of Business
**PO BOX 6225
MIRAMAR BEACH, FL 32550**

Mailing Address
**PO BOX 6225
MIRAMAR BEACH, FL 32550**

DO NOT WRITE IN THIS SPACE



03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0941715

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAFRIET, D. KENT
123 S CALHOUN ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000522666
05/03/06-80038-017 70.00**

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	ALFORD, TAMMY
STREET ADDRESS	1704 N. CYPRESS
CITY-ST-ZIP	WICHITA, KS 67206
TITLE	STD
NAME	FROST, JANET
STREET ADDRESS	322 CAMBRIDGE DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Janet D. Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2006
Date

Daytime Phone #