


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001555 1. Entity Name STOP THE BEACH RENOURISHMENT, INC.	
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Principal Place of Business PO BOX 6225 MIRAMAR BEACH, FL 32550	Mailing Address PO BOX 6225 MIRAMAR BEACH, FL 32550
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0941715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAFRIET, D. KENT 123 S CALHOUN ST TALLAHASSEE, FL 32301

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ALFORD, TAMMY 1704 N. CYPRESS WICHITA, KS 67206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FROST, JANET 322 CAMBRIDGE DR LONGWOOD, FL 32779
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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: <i>Tammy Alford</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-23-2007 316-636-9514 <small>Date Daytime Phone #</small>
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