2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2006
Secretary of State

DOCUMENT# N04000002856

Entity Name: ATLANTIC BEACH PUBLIC ARTS COMMISSION, INC.

Current Principal Place of Business:

1970 MIPAULA CT.
ATLANTIC BCH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1970 MIPAULA CT.
ATLANTIC BCH, FL 32233

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, DONALD R JR.
400 E. DUVAL ST.
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PARSONS, TRACIE	
Address:	1970 MIPAULA CT.	
City-St-Zip:	ATLANTIC BCH, FL 32233	
Title:	D	( ) Delete
Name:	PARSONS, PAUL	
Address:	1970 MIPAULA CT.	
City-St-Zip:	ATLANTIC BCH, FL 32233	
Title:	D	( ) Delete
Name:	COLEMAN, DONALD R JR.	
Address:	1970 MIPAULA CT.	
City-St-Zip:	ATLANTIC BCH, FL 32233	
Title:	D	( ) Delete
Name:	SHEPHERD, ROBIN	
Address:	1970 MIPAULA CT.	
City-St-Zip:	ATLANTIC BCH, FL 32233	
Title:	D	( ) Delete
Name:	CORNELIUS, PEGGY	
Address:	1970 MIPAULA CT.	
City-St-Zip:	ATLANTIC BCH, FL 32233	
Title:	D	( ) Delete
Name:	VAN DE GUCHTE, MAARTEN	
Address:	1970 MIPAULA CT.	
City-St-Zip:	ATLANTIC BCH, FL 32233	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 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: TRACIE PARSONS D 08/20/2006
Electronic Signature of Signing Officer or Director — Date