

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2005  
Secretary of State**

DOCUMENT# N04000003172

Entity Name: FLORIDA OPEN BEACHES FOUNDATION, INC.

**Current Principal Place of Business:**

4390 RICHMOND PARK DR. E  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4390 RICHMOND PARK DR. E  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-0979042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHINE, FRANCIS S  
4390 RICHMOND PARK DR. E  
JACKSONVILLE, FL 32224      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: P      ( ) Delete  
Name: SHINE, FRANCIS S  
Address: 4390 RICHMOND PARK DR. E  
City-St-Zip: JACKSONVILLE, FL 32224

Title: V      ( ) Delete  
Name: MOSER, STEVEN L  
Address: 3877 GRANDE BOULEVARD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: V      ( ) Delete  
Name: LOMBARDO, IRENE E  
Address: 1133 SALT CREEK DR.  
City-St-Zip: PONTE VEDRA, FL 32082

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCIS SCOTT SHINE

P

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date