

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

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004255

1. Entity Name
WEST BEACHES COMMUNITY COALITION, INC



Principal Place of Business
**4390 RICHMOND PARK DR. E
JACKSONVILLE, FL 32224 US**

Mailing Address
**4390 RICHMOND PARK DR. E
JACKSONVILLE, FL 32224 US**



02022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2444707

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SHINE, FRANCIS S
4390 RICHMOND PARK DR. E
JACKSONVILLE, FL 32224**

**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 reappointing)

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**

**000000425057
02/18/06-80077-025 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHINE, FRANCIS S
STREET ADDRESS	4390 RICHMOND PARK DR. E
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VP
NAME	MEDINA, ERNIE .
STREET ADDRESS	4039 GLENHURST DR. N
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VP
NAME	STEWART, LARRY .
STREET ADDRESS	3817 MICHAELS LANDING CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32224
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2006 904-223-0424

Date

Daytime Phone #