2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005
Secretary of State

DOCUMENT# N04000005765

Entity Name: BEACHES WOMEN'S PARTNERSHIP, INC.

Current Principal Place of Business:

850 6TH AVE SOUTH SUITE 400
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

108 TWELVE OAKS LANE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

850 6TH AVE SOUTH SUITE 400
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

976-D PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-1204860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, SUSAN J
976-D PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082 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: ROBERTS, WENDY S
Address: 108 TWELVE OAKS LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VS ( ) Delete
Name: STRATTON, ALICE M
Address: 1312 FLEET LANDING BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32233

Title: T ( ) Delete
Name: TUCKER, SUSAN J
Address: 976-D PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, 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: SUSAN J TUCKER T 01/29/2005

Electronic Signature of Signing Officer or Director — Date