

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

**FILED  
Aug 17, 2006  
Secretary of State**

DOCUMENT# N05000002435

Entity Name: MAX & AL JEANE BEACH FOUNDATION, INC.

**Current Principal Place of Business:**

300 LAKE AVENUE N.E.  
#523  
LARGO, FL 337716603

**New Principal Place of Business:**

**Current Mailing Address:**

300 LAKE AVENUE N.E.  
#523  
LARGO, FL 337716603

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) 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:**

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

LOVELACE, WILLIAM K ESQ.  
401 S. LINCOLN AVENUEEE  
CLEARWATER, FL 33756 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEACH, AL JEANE  
Address: 300 LAKE AVENUE N.E. #523  
City-St-Zip: LARGO, FL 337716603

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: BEACH, MARILYN M  
Address: 33 BIRCH ISLAND WAY  
City-St-Zip: LUNENBURG, MA 014621115

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: LOVELACE, WILLIAM K ESQ.  
Address: 401 SOUTH LINCOLN AVENUE  
City-St-Zip: CLEARWATER, FL 33756

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: WILLIAM K. LOVELACE

D

08/17/2006

Electronic Signature of Signing Officer or Director

Date