

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004410

FILED  
Mar 12, 2008  
Secretary of State

Entity Name: FLORIDA BEACHSIDE MINISTRIES, INC.

## Current Principal Place of Business:

221 VINING COURT  
ORMOND BEACH, FL 32176

## New Principal Place of Business:

## Current Mailing Address:

66 LUCKY COURT  
ORMOND BEACH, FL 32176

## New Mailing Address:

221 VINING COURT  
ORMOND BEACH, FL 32176

FEI Number: 20-4735568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, TODD O  
570 MEMORIAL CIRCLE  
SUITE 200  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

OBRIEN, ROBERT M  
117 OCEAN GROVE DR  
ORMOND BEACH, FL 32176 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: ROBERT M. B. OBRIEN II

03/12/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: O'BRIEN, ROBERT M II  
Address: 117 OCEAN GROVE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Delete  
Name: POWELL, ANDREW J  
Address: 174 SUNTREE COURT  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete  
Name: PHILLIPS, TODD O  
Address: 570 MEMORIAL CIRCLE, SUITE 200  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: BEASLEY, LARRY  
Address: 15 WALNUT LN  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S (X) Change ( ) Addition  
Name: LIPSCOMB, JOSEPH  
Address: 22 SHADOW CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Change (X) Addition  
Name: WENGER, DOUGLAS  
Address: 37 RIVER RIDGE TR  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT OBRIEN

P

03/12/2008

Electronic Signature of Signing Officer or Director

Date