

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004410

FILED
Feb 19, 2009
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:

221 VINING COURT
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 20-4735568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBRIEN, ROBERT M
221 VINING COURT
ORMOND BEACH, FL 32176 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: O'BRIEN, ROBERT M II
Address: 117 OCEAN GROVE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

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

Title: S () Delete
Name: LIPSCOMB, JOSEPH
Address: 22 SHADOW CREEK WAY
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BOLT, THEODORE
Address: 171 ELLICOTT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Change (X) Addition
Name: COBB, KRISTEN
Address: 1285 JOHN ANDERSON DRIVE
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: KRISTEN COBB

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date