

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004410

**FILED**  
**Mar 23, 2011**  
**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:**

200 E GRANDA BLVD  
206  
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:**

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

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

Title: S  
Name: COBB, KRISTEN  
Address: 1285 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D  
Name: SKINNER, PAUL  
Address: 250 SEAVIEW DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby 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 all other like empowered.

**SIGNATURE:** KRISTEN COBB

S

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date