

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010795

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** CHURCH FOR THE BEACH, INC.

**Current Principal Place of Business:**

1194 YACHT CLUB BOULEVARD  
INDIAN HARBOR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

1194 YACHT CLUB BOULEVARD  
INDIAN HARBOR BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 20-5751857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPLE, JAMES C  
1194 YACHT CLUB BLVD  
INDIAN HARBOR BEACH, FL 32937 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: PD ( ) Delete  
Name: WASHBURN, B SCOTT  
Address: 244 CORAL WAY WEST  
City-St-Zip: INDIALANTIC, FL 32903

Title: VPD ( ) Delete  
Name: CAPLE, JAMES C  
Address: 1194 YACHT CLUB DRIVE  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: STD ( ) Delete  
Name: FADDEN, CHRISTOPHER J  
Address: 424 FOURTH AVENUE  
City-St-Zip: INDIALANTIC, FL 32903

**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 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: JAMES C. CAPLE

VPD

01/30/2008

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

\_\_\_\_\_  
Date