

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003806

FILED  
Feb 16, 2010  
Secretary of State

Entity Name: BEACHSIDE MINISTRIES, INC.

**Current Principal Place of Business:**

127-C BEACH DRIVE  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

127-C BEACH DRIVE  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

PO BOX 445  
FORT WALTON BEACH, FL 32549

FEI Number: 51-0674478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELLIS, SHAUN  
127-C BEACH DRIVE  
FORT WALTON BEACH, FL 32547 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: ELLIS, SHAUN TRUSTEE  
Address: 127-C BEACH DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MR  
Name: MCDANIEL, DAVID TRUSTEE  
Address: 4350 NORTH POINT PARKWAY  
City-St-Zip: ALPHARETTA, GA 30022

Title: MR  
Name: TANKSLEY, SCOTT TRUSTEE  
Address: 4350 NORTH POINT PARKWAY  
City-St-Zip: ALPHARETTA, GA 30022

Title: T  
Name: BENNETT, JR., ROBERT E TRUSTEE  
Address: 628-D MOONEY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: SHAUN ELLIS

MR

02/16/2010

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

\_\_\_\_\_  
Date