

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09741

FILED
Jan 07, 2011
Secretary of State

Entity Name: BEACHES EMERGENCY ASSISTANCE MINISTRY, INC.

Current Principal Place of Business:

850 6TH AVENUE SOUTH STE 400
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

850 SIXTH AVENUE SOUTH STE 400
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-2564222 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LINGER, DAVID M
302 THIRD ST., SUITE 5
NEPTUNE BEACH, FL 32266 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: ED
Name: SOUTHWELL, VIVIAN
Address: 119 SEA HAMMOCK WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P
Name: LYNN, DON REV
Address: 1350 13TH AVENUE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP
Name: HICKS, BOB
Address: 1449 HOPKINS CREEK LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: S
Name: KIERNAN, JANICE
Address: 1350 13TH AVENUE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD
Name: STINCHFIELD, CARRIE
Address: 1922 EASTERN DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: VIVIAN SOUTHWELL

ED

01/07/2011

Electronic Signature of Signing Officer or Director

Date