

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09741

FILED
Apr 03, 2012
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:

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

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: KING, SUSAN
Address: 1993 COLINA CT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: P
Name: LAMBERT, PAUL
Address: 307 OCEANFRONT DRIVE N
City-St-Zip: ATLANTIC BEACH, FL 32233

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

Title: S
Name: ROGERS, JOSH
Address: 9919 VINEYARD LAKE LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD
Name: TAYLOR, SUSAN
Address: 603 15TH STREET NORTH
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: SUSAN KING

ED

04/03/2012

Electronic Signature of Signing Officer or Director

Date