

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90045 036 ****61.25

DOCUMENT # N36212

1. Entity Name
BEACHES FINE ARTS SERIES, INC.



Principal Place of Business
1230 A 4TH STREET N.
JACKSONVILLE BEACH, FL 32250 US

Mailing Address
P. O. BOX 51171
JACKSONVILLE BEACH, FL 32240

2. Principal Place of Business

416 12th Avenue N

3. Mailing Address

Suite, Apt. #, etc.

Jacksonville Beach, FL

Suite, Apt. #, etc.

City & State

Zip

32250

Country

US

Zip

Country

01242005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2989136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLIS, DONALD W
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ED ☐ Delete
NAME WALLIS, KATHRYN W
STREET ADDRESS 1316 MARSH HARBOR DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE TT ☐ Delete
NAME HALL, ELAINE M
STREET ADDRESS 628 SECOND STREET
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE ST ☐ Delete
NAME EVANS, CAROLYN
STREET ADDRESS 161 GARDEN GUTE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE TT ☐ Delete
NAME NOSEWORTHY, BARBARA
STREET ADDRESS 102 TIFFANY COURT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE PT ☒ Delete
NAME KOLSTER, JIM
STREET ADDRESS 1971 MIPAUOLA CT
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE T ☒ Delete
NAME BARRY, JOHN
STREET ADDRESS 4971 RUNNYMENDE ROAD S
CITY-ST-ZIP JACKSONVILLE, FL 32257

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME 1401 Windjammer Lane
STREET ADDRESS St. Augustine, FL 32084
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT ☐ Change ☒ Addition
NAME Bonnette, James
STREET ADDRESS 105 Tiffany Court
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE VT ☐ Change ☒ Addition
NAME Kourij, Judy
STREET ADDRESS 981 Ruth Avenue
CITY-ST-ZIP Jacksonville Beach, FL 32250

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mildred Elaine Hall, Treasurer

1/28/05

904-270-4771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #