

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36212

FILED
Apr 30, 2008
Secretary of State

Entity Name: BEACHES FINE ARTS SERIES, INC.

Current Principal Place of Business:

416 12TH AVENUE N
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 51171
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 59-2989136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLIS, DONALD W
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 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 () Delete
Name: WALLIS, KATHRYN W
Address: 3425 LAND END DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TT () Delete
Name: SKOREWICZ, DENNIS
Address: 2015 PALMETTO POINT DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST () Delete
Name: EVANS, CAROLYN
Address: 161 GARDEN GUTE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: GOODRICH, LISA
Address: 1907 CREEKSIDE CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: P () Delete
Name: BONNETTE, JAMES
Address: 105 TIFFANY COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: CASTELLI, SUSAN
Address: 4311 PLAZA GATE LANE SOUTH #201
City-St-Zip: JACKSONVILLE, FL 32217

Title: P (X) Change () Addition
Name: GOODRICH, LISA
Address: 1907 CREEKSIDE CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP (X) Change () Addition
Name: BORDERS, EDWIN
Address: 1494 BLUE HERON LANE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: KATHRYN W. WALLIS

ED

04/30/2008

Electronic Signature of Signing Officer or Director

Date