

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36212

FILED  
Mar 24, 2009  
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:

WALLIS, DONALD W  
780 NORTH PONCE DE LEON BOULEVARD  
SAINT AUGUSTINE, FL 32084 US

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:

03/24/2009

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: CASTELLI, SUSAN  
Address: 4311 PLAZA GATE LANE SOUTH #201  
City-St-Zip: JACKSONVILLE, FL 32217

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP (X) Change ( ) Addition  
Name: MORRIS, TRACY  
Address: 6626 DIANE ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date