

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36212

FILED  
Feb 03, 2010  
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  
780 NORTH PONCE DE LEON BOULEVARD  
SAINT AUGUSTINE, FL 32084 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: WALLIS, KATHRYN W  
Address: 3425 LAND END DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

Title: P  
Name: MORRIS, TRACY  
Address: 6626 DIANE ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP  
Name: DALY, DORREEN  
Address: 535 LOWER 8TH AVENUE SOUTH  
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: KATHRYN W. WALLIS

ED

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date