

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39087

FILED
Feb 14, 2009
Secretary of State

Entity Name: BEACHSIDE NEIGHBORHOOD WATCH, INC.

Current Principal Place of Business:

46 S. OLEANDER AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 263201
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-3026450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECKMAN, FRANK P
46 S. OLEANDER AVE
DAYTONA BEACH, FL 32118 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: C () Delete
Name: HECKMAN, FRANK P
Address: 46 S. OLEANDER AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VC () Delete
Name: LANE, WILLIAM B
Address: 435 N. GRANDVIEW AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VCS () Delete
Name: STEPHENS, BETTY
Address: 1494 N PENNINSULA DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T () Delete
Name: BROWN, VIRGINIA
Address: 1 BRADOCK AVE
City-St-Zip: DAYTONA BEACH, FL 32118

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: T (X) Change () Addition
Name: BROWN, VIRGINIA M
Address: 1 BRADOCK AVE
City-St-Zip: DAYTONA BEACH, FL 32118

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: FRANK P. HECKMAN

C

02/14/2009

Electronic Signature of Signing Officer or Director

Date