

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N44136

1. Entity Name
BEACHES COMMUNITY KITCHEN INC.



Principal Place of Business
**800 SHETTE AVENUE
JACKSONVILLE BCH, FL 32250 US**

Mailing Address
**PO BOX 51373
JACKSONVILLE BCH, FL 32250 US**



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3085418

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FARMER, ELIZABETH H
1320 HENDRICKS AVENUE
SUITE 2
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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 \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000091701
03/18/04-80019-018 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VARNADOE, KEVIN
614 18TH AVENUE N
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WRIGHT, ROSELLA
2233 SEMINOLE ROAD #1
ATLANTIC BEACH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BROWN, MARY JANE
113 ROSCOE ROAD N
PONTE VEDRA BCH., FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FARMER, ELIZABETH
72 TALLWOOD ROAD
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TURNAGE, MARY ANNE
309 9TH STREET
ATLANTIC BEACH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VARNADORE, DEBBIE
614 18TH AVENUE N
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Elizabeth H. Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04
Date

(904) 346-0325
Daytime Phone #