

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 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**



03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3085418**

Applied For  
Not Applicable

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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 8TH STREET ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARNADORE, DEBBIE 614 18TH AVENUE N JACKSONVILLE BEACH, FL 32250

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IN THIS SPACE**

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04/30/07-80009-017 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 (Elizabeth H. Farmer) 4/16/07 (904) 241-0387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #