

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44136

FILED
Mar 31, 2010
Secretary of State

Entity Name: BEACHES COMMUNITY KITCHEN INC.

Current Principal Place of Business:

800 SHETTE AVENUE
JACKSONVILLE BCH, FL 32250 US

New Principal Place of Business:

800 SHETTER AVENUE
JACKSONVILLE BCH, FL 32250 US

Current Mailing Address:

PO BOX 51373
JACKSONVILLE BCH, FL 32250 US

New Mailing Address:

FEI Number: 59-3085418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FARMER, ELIZABETH H
1320 HENDRICKS AVENUE
SUITE 2
JACKSONVILLE, FL 32207 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: PD
Name: TURNAGE, MARY A
Address: 2244 N FAIRWAY VILLAS LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VD
Name: WRIGHT, ROSELLA
Address: 2233 SEMINOLE ROAD #1
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD
Name: BROWN, MARY JANE
Address: 113 ROSCOE ROAD N
City-St-Zip: PONTE VEDRA BCH., FL 32082

Title: TD
Name: FARMER, ELIZABETH
Address: 72 TALLWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D
Name: SHADDEN, BLOCKER
Address: 135 PINE STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D
Name: ADAMS, PAULINE
Address: 2017 DUNA VISTA COURT
City-St-Zip: ATLANTIC BEACH, FL 32233

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: ELIZABETH H FARMER

TD

03/31/2010

Electronic Signature of Signing Officer or Director

Date