

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90005 006 ****61.25

DOCUMENT # N92000000698

1. Entity Name
BEACH BOPPERS OF ORLANDO, INC.



Principal Place of Business
P O BOX 160813
ALTAMONTE SPRINGS, FL 32716-0813

Mailing Address
P O BOX 160813
ALTAMONTE SPRINGS, FL 32716 US

50001789



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3158805

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REBECCA PIERCE
3121 KELVINGTON DRIVE
ORLANDO, FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DICKINSON, EDEE
STREET ADDRESS 522 DEW DROP COVE
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE PD ☒ Change ☐ Addition
NAME Joyce Peters
STREET ADDRESS 123 Shomate Ar
CITY-ST-ZIP Longwood, FL 32750

TITLE VPD ☐ Delete
NAME ALFORD, MARCIA
STREET ADDRESS 106 HIDDEN OAK DR
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VPD ☒ Change ☐ Addition
NAME Nelson, Susie
STREET ADDRESS 181 Brushcreek Dr
CITY-ST-ZIP Sanford, FL 32771

TITLE VPD ☐ Delete
NAME NEWMAN, NANCY
STREET ADDRESS 1269 BURNING TREE LN
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WORTMAN, PEARL
STREET ADDRESS 5631 CATSKILL CT.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JONES, PARTICIA A
STREET ADDRESS 465 BURNT TREE LN
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME PIERCE, REBECCA
STREET ADDRESS 3121 KELVINSTON DR.
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia A. Jones *Patricia A. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/05 407-339-4355
Date Daytime Phone #