

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000698

FILED
Apr 17, 2008
Secretary of State

Entity Name: BEACH BOPPERS OF ORLANDO, INC.

Current Principal Place of Business:

407 EVESHAM PLACE
LONGWOOD, FL 327160813

New Principal Place of Business:

Current Mailing Address:

P O BOX 160813
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-3158805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REBECCA PIERCE
3121 KELVINGTON DRIVE
ORLANDO, FL 32810 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 () Delete
Name: MUNSON, JERRY
Address: 5235 N. WOODCREST DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: VPD () Delete
Name: PETRY, RON
Address: 1341 AMERICAN ELM
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: CONSTANTINE, KAREN
Address: 117 HERON POINT WAY
City-St-Zip: DELAND, FL 32724

Title: S () Delete
Name: LOVE, PATTY
Address: 2208 ELIZABETH AVE.
City-St-Zip: ORLANDO, FL 32804

Title: T () Delete
Name: JOHNSON, CAROL
Address: 407 EVESHAM PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: PIERCE, REBECCA
Address: 3121 KELVINSTON DR.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WEISS, ROGER
Address: 2760 BLUE RAVEN COURT
City-St-Zip: LAKE MARY, FL 34746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL JOHNSON

TREA

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date