## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000698

Entity Name: BEACH BOPPERS OF ORLANDO, INC.

FILED Feb 06, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Pri	New Principal Place of Business:			
	HAM PLACE OD, FL 32716	50813		3031 SAN JACINTO CIRCLE SANFORD, FL 32771  New Mailing Address:			
Current M	lailing Addres	ss:	New Ma				
P O BOX 1 ALTAMON	160813 ITE SPRINGS	, FL 32716 US					
FEI Number: 59-3158805 FEI Number Applied For ( )			FEI Number Not A	pplicable ( )	Certificate of Status Desired ( )		
Name and	Address of (	Current Registered Agent:	Name a	nd Address of	f New Registered Agent:		
The above in the State	VINGTON DRI D, FL 32810 named entity of Florida.	US	purpose of changin	g its registered	d office or registered agent, or b	ooth,	
SIGNATU		sis Cianatura of Dogistared As	- m+		Dete		
		nic Signature of Registered Ag			Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip: Title: Name:	MUNSON, JER 5235 N. WOOL WINTER PARK VPD ( PETRY, RON	OCREST DRIVE 5, FL 32792 ) Delete	Title: Name: Address: City-St-Zip Title: Name:	vPD JOHNSON, C			
Address: City-St-Zip:	1341 AMERICA ALTAMONTE S	AN ELM :PRINGS, FL 32714	Address: City-St-Zip	407 EVESHA : LONGWOOD			
Title: Name: Address: City-St-Zip:	VPD ( WEISS, ROGE 2760 BLUE RA LAKE MARY, F	VEN COURT	Title: Name: Address: City-St-Zip		()Change ()Addition		
Title: Name: Address: City-St-Zip:	S ( LOVE, PATTY 2208 ELIZABE ORLANDO, FL		Title: Name: Address: City-St-Zip		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T ( JOHNSON, CA 407 EVESHAM LONGWOOD,	PLACE	Title: Name: Address: City-St-Zip	BERDELLAN 3031 SAN JA	(X) Change ( ) Addition IS, DOROTHY ACINTO CIRCLE FL 32771		
Title: Name: Address: City-St-Zip:	S ( PIERCE, REBE 3121 KELVINS ORLANDO, FL	TON DR.	Title: Name: Address: City-St-Zip		( ) Change ( ) Addition		

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: DOROTHY BERDELLANS, TREASURER S 02/06/2009