FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

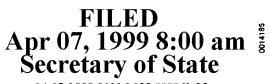


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300001976 1. Corporation Name



04-07-1999 90116 022 ****61.25

BETHUNE BEACH PRESERVATION ASSOCIATION, INC.						
Principal Place	e of Business	Mailing Address	·		B1 14848 18111 18818 WHI VARI	
101 COVE COI MAITLAND FL US		101 COVE COLONY RD MAITLAND FL 32751 US				
	lace of Business	2a. Mailing Address		Date Incorporated or Qualifed 04/30/1993		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-3184500	Applied For Not Applicable	
City & Stat	e	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country 25		Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent	
81 Name				DAVID KARIAN		
PALMETTO CHARTER SERVICES INC.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
150 MAGNOLIA AVE. DAYTONA BEACH FL 32115-2491			83	Cotto Codo,		
			84 City	AIDAND FL	85 Zip Code 5275	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the apove-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent. I am families with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE SIGNATURE				<u> </u>	1.95.	
12.	Signatur typed or parted name of registers event OFFICERS AND		ered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	DP	51112515115	1 TITLE		☐ Change ☐ Addition	
NAME	MCGARRY, ROBERT	1	2 NAME		1	
STREET ADDRESS	728 ALAMEDA ST	1	3 STREET ADDRESS		ļ	
CITY-ST-ZIP	ORLANDO FL		4 CITY-ST-ZIP			
TITLE	DT	_	1TITLE -		☐ Change ☐ Addition	
NAME	KAPLAN, DAVID		2 NAME			
STREET ADDRESS	C/O 101 COVE COLONY RD		3 STREET ADDRESS			
, CITY-ST-ZIP	MAITLAND FL		.4 CITY-ST-ZIP		☐ Change ☐ Addition	
NAME	JOHNSON, LINDA D	_	2 NAME			
STREET ADDRESS	AT 10 O ATI ANTIO AVE	. 3	3 STREET ADDRESS			
CITY-ST-ZIP	NEW SYMRNA BCH FL	3	.4. CITY- ST-ZIP			
TITLE		☐ DELETE 4	1 TITLE	·	Change Addition	
NAME		4	. 2 NAME			
STREET ADDRESS		4	.3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY-ST-ZIP		Change Addition	
TITLE			.1 TITLE .2 NAME		Tourist Dynamical	
NAME CTREET ADDRESS			3 STREET ADDRESS			
STREET ADDRESS			4 CITY-ST-ZIP			
CITY-ST-ZIP			1 TITLE		☐ Change ☐ Addition	

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with appears, with all other like empowered.

6.4 CITY-ST-ZIP

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

