

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90046 016 \*\*\*150.00

**DOCUMENT # N94000006317**

1. Entity Name  
**JENSEN BEACH INSTITUTE, INC.**



Principal Place of Business  
**3003 SE ST LUCIE BLVD  
STUART, FL 34997-5423**

Mailing Address  
**3003 SE ST LUCIE BLVD  
STUART, FL 34997-5423**

**66002246**



01182008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0574590**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ZUCKERMAN, LESLIE H.  
4000 HOLLYWOOD BLVD, 485 S.  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
IN THIS SPACE**

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 date if applicable.*

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BRYAN, C.J.  
3003 SE ST LUCIE BLVD  
STUART, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
BRYAN, SHARON  
3003 SE ST LUCIE BLVD  
STUART, FL 349975423**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
BRYAN, JAMES  
571 S.W. SQUIRE JOHNS LANE  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Signature and typed or printed name of signing officer or director*

Date

Daytime Phone #

ATTACHMENT



66002246

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2006

JENSEN BEACH INSTITUTE, INC.  
3003 SE ST LUCIE BLVD  
STUART, FL 34997-5423

Subject: JENSEN BEACH INSTITUTE, INC.

Reference Number: N94000006317

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION