

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000327

FILED
Mar 29, 2005
Secretary of State

Entity Name: BEACHES HOSPITALITY NETWORK, INC.

Current Principal Place of Business:

C/O STERLING JOYCE-MAX'S RESTAURANT
1312 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

CAROLYN HERMAN
830 S THIRD STREET #104
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

C/O STERLING JOYCE-CASA MARINA HOTEL
691 NORTH FIRST STREET.
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-3358152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, CAROLYN
830 S THIRD STREET
104
JACKSONVILLE BEACH, FL 32250 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: DP () Delete
Name: STERLING, JOYCE
Address: MAX'S INC.KFS7-1312 BAECH BLVD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DVP () Delete
Name: BUNSO, WALTER
Address: 413 S. RD. ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: CROSS, JOHN
Address: LACRUISE CASINO, 1A1A N
City-St-Zip: JACKSONVILLE, FL 32267

Title: DST (X) Delete
Name: TRACH, ANNIE
Address: 1601 OCEAN DRIVE SOUTH #1006
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Delete
Name: LAMONT, NIKI
Address: 1122 3RD ST
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STERLING, JOYCE
Address: CASA MARINA HOTEL 691 N FIRST STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DST (X) Change () Addition
Name: ONEAL, PATTI
Address: 550 WATER STREET STE 10000
City-St-Zip: JACKSONVILLE, FL 32202

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 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 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: STERLING JOYCE

DP

03/29/2005

Electronic Signature of Signing Officer or Director

Date