

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90087 035 ****61.25

DOCUMENT # N96000000327					
1. Entity Name BEACHES HOSPITALITY NETWORK, INC.					
Principal Place of Business C/O STERLING JOYCE-CASA MARINA HOTEL 691 NORTH FIRST STREET JACKSONVILLE BEACH, FL 32250 US			Mailing Address CAROLYN HERMAN 830 S THIRD STREET #104 JACKSONVILLE BEACH, FL 32250 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address CAROLYN HERMAN 126 S. FIRST ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State JACKSONVILLE BCH		4. FEI Number 59-3358152	
Zip		Country		Applied For Not Applicable	
Zip 32250		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERMAN, CAROLYN 830 S THIRD STREET 104 JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name: HERMAN, CAROLYN Street Address (P.O. Box Number is Not Acceptable): 126 S. FIRST ST City: Jacksonville Bch, FL Zip Code: 32250		
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 title if applicable.		CAROLYN HERMAN (NOTE: Registered Agent signature required when reinstating)		4/19/07 DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STERLING, JOYCE CASA MARINA HOTEL 691 N FIRST STREET JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ONEAL, PATTI 550 WATER STREET STE 10000 JACKSONVILLE, FL 32202	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, JOHN LACRUISE CASINO, 1A1A N JACKSONVILLE, FL 32267	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		STERLING JOYCE Date: 4/19/07 Daytime Phone #: 904/868-3068			

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