

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004708

Entity Name: SONS OF THE BEACHES, INC.

FILED  
Apr 27, 2004  
Secretary of State

## Current Principal Place of Business:

549 BALLOUGH RD  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

549 BALLOUGH RD  
DAYTONA BEACH, FL 32114

## New Mailing Address:

FEI Number: 59-3403954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, JOHN  
717 N PENINSULA DR.  
DAYTONA BEACH, FL 32118 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: ABDO, TERRY  
Address: 3470 COUNTRY WALK DR  
City-St-Zip: PORT ORANGE, FL 32119

Title: DS ( ) Delete  
Name: WILLIAMS, JOHN J  
Address: 717 NORTH PENINSULA DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: JAVURER, ROSEANN M  
Address: 549 BALLOUGH RD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CAMPBELL, TERRIE  
Address: 533 N. HALIFAX DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS ( ) Change (X) Addition  
Name: CAMPBELL, MICHELE  
Address: 533 N. HALIFAX DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Change (X) Addition  
Name: RUMNOCK, STEVEN  
Address: 1513 RUSTY CIR.  
City-St-Zip: PORT ORANGE, FL 32129

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: TERRIE CAMPBELL

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date