

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001616

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: BEACH CARE SERVICES, INC.

**Current Principal Place of Business:**

1717 THOMAS DR.  
PANAMA CITY, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

1717 THOMAS DR.  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

1717 THOMAS DR.  
PANAMA CITY, FL 32408

FEI Number: 59-3568025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKE, MICHAEL S  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 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: P  
Name: AHRENS, GAYLE  
Address: 107 GOLF DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: V  
Name: DENT, GEORGE  
Address: 214 SOUTHFIELDS RD  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: T  
Name: GALBREATH, STACIE  
Address: 3120 THOMAS DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: S  
Name: CUNNINGHAM, KELLY M  
Address: 600 GRAND PANAMA BLVD, #100  
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby 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 all other like empowered.

SIGNATURE: GAYLE AHRENS

PRES

04/19/2010

Electronic Signature of Signing Officer or Director

Date