

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006763

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** BEACH EDUCATION ADVOCATES FOR CULTURE, HEALTH, ENVIRONMENT AND SAFETY  
FOUNDATION & INSTITUTE, INC.

**Current Principal Place of Business:**

1316 N.E. 105 ST., STE. 104  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

3650 NORTHWEST 181 STREET  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

P.O. BOX 530702  
MIAMI SHORES, FL 33153

**New Mailing Address:**

**FEI Number:** 65-0963638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MASON, SHIRLEY E SEC'Y  
1316 N.E. 105 ST., STE. 104  
MIAMI SHORES, FL 33138      US

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

MASON, SHIRLEY E SEC'Y  
3650 NORTHWEST 181 STREET  
MIAMI GARDENS, FL 33056      US

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: \_\_\_\_\_

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MSD      ( ) Delete  
Name: MASON, SHIRLEY E  
Address: 1316 N.E. 105 ST., STE. 104  
City-St-Zip: MIAMI SHORES, FL 33138

Title: PD      ( ) Delete  
Name: FRANDSEN, MARVIN  
Address: 4467 COUNTRY ROAD  
City-St-Zip: MELBOURNE, FL 32954

Title: TD      ( ) Delete  
Name: ABRAMSON, MICHAEL  
Address: 435 S. 160 ST.  
City-St-Zip: OMAHA, NE 68118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MSD      (X) Change ( ) Addition  
Name: MASON, SHIRLEY E  
Address: 3650 NORTHWEST 181 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

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 exemption stated 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 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: SHIRLEY E. MASON

MSD

04/30/2007

Electronic Signature of Signing Officer or Director

Date