

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006763

FILED
May 07, 2008
Secretary of State

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

Current Principal Place of Business:

3650 NORTHWEST 181 STREET
MIAMI GARDENS, FL 33056

New Principal Place of Business:

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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PD () Delete
Name: FRANSEN, 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: () 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 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

05/07/2008

Electronic Signature of Signing Officer or Director

Date