

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36212

**Entity Name:** BEACHES FINE ARTS SERIES, INC.

**Current Principal Place of Business:**

1150 5TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1150 5TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 59-2989136

**Certificate of Status Desired:** No

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

WALLIS, DONALD W  
780 NORTH PONCE DE LEON BOULEVARD  
SAINT AUGUSTINE, FL 32084 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

**Officer/Director Detail :**

Title ED  
Name WALLIS, KATHRYN W  
Address 3425 LANDS END DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title TREASURER  
Name HALL, MILDRED E  
Address 638 2ND STREET  
City-State-Zip: NEPTUNE BEACH FL 32266

Title SECRETARY  
Name BAKER, DEBORAH  
Address 6514 BURNHAM CIRCLE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VICE-PRESIDENT  
Name CURRY, JAMES  
Address 3823 PAINTED BUNTING WAY  
City-State-Zip: JACKSONVILLE FL 32224

Title PRESIDENT  
Name MCDANIEL, AKIA UWANDA  
Address 1650 MARGARET STREET  
302-329  
City-State-Zip: JACKSONVILLE FL 32204

*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:** KATHRYN W. WALLIS

**EXECUTIVE DIRECTOR**

**01/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date