

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000712

Entity Name: SEASIDE SCHOOL CONSORTIUM, INC.**Current Principal Place of Business:**2865 MAYPORT ROAD
JACKSONVILLE, FL 32233**Current Mailing Address:**2865 MAYPORT ROAD
JACKSONVILLE, FL 32233 US**FEI Number:** 65-0653943**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOLEM, TOMMYE
2865 MAYPORT ROAD
JACKSONVILLE, FL 32233 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:** TOMMYE SOLEM

06/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	HARNEK, RONALD
Address	10275 CENTURION CT
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREASURER
Name	SORENSEN, WILLIAM
Address	1417 PANTHER RUN ROAD
City-State-Zip:	JACKSONVILLE FL 32225

Title	PRESIDENT
Name	HELMER, KRISTINA
Address	11731 SEAWARD CT.
City-State-Zip:	JACKSONVILLE FL 32225

Title	SECRETARY
Name	ZAFFINO, GINA
Address	185 CLIFTON BAY LOOP
City-State-Zip:	ST. JOHNS FL 32259

Title	DIRECTOR
Name	KIMBRO, IVY ELIZABETH
Address	325 HUFFNER HILL CIR.
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	DIRECTOR
Name	LEGENE, MARIE
Address	322 EAST COAST DRIVE
City-State-Zip:	ATLANTIC BEACH FL 32233

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: WILLIAM SORENSON

TREASURER

06/10/2020

Electronic Signature of Signing Officer/Director Detail

Date