2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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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:

BOWLES, TRISHA
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY, DIRECTOR
Name	MEINTASSIS , KARA
Address	12546 CRANESBILL CT
City-State-Zip:	JACKSONVILLE FL 32225

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

Title	DIRECTOR
Name	ADAIR-SUMMERS, KEONNIA
Address	6088 BARTRAM VILLAGE DRIVE
City-State-Zip:	JACKSONVILLE FL 32258

Title	DIRECTOR
Name	PERMENTER, BILL
Address	78 DEWEES AVENUE
City-State-Zip:	ATLANTIC BEACH FL 32233

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

Title	VP, DIRECTOR
Name	REIBLING, CHRISTOPHER
Address	10 DOLPHIN BLVD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	STONE, KEVIN
Address	3914 DYLAN COURT
City-State-Zip:	JACKSONVILLE FL 32223

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 04/09/2019

Electronic Signature of Signing Officer/Director Detail — Date