

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000712

Entity Name: SEASIDE SCHOOL CONSORTIUM, INC.**Current Principal Place of Business:**2630 STATE RD A1A
ATLANTIC BEACH, FL 32233**Current Mailing Address:**2630 STATE RD A1A
ATLANTIC BEACH, FL 32233**FEI Number: 65-0653943****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ROLL, LAURIE
2630 STATE RD A1A
ATLANTIC BEACH, 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 PAST PRESIDENT, SECRETARY
Name MEINTASSIS , KARA
Address 12546 CRANESBILL CT
City-State-Zip: JACKSONVILLE FL 32225

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

Title DIRECTOR
Name DUTTER, WILLIAM M
Address 1742 OCEAN GROVE DR
City-State-Zip: ATLANTIC BEACH FL 32233

Title PRESIDENT, DIRECTOR
Name BOWLES , TRISHA
Address 245 RIVERSIDE AVE
STE. 550
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name PETTIT, ROBERT G III
Address 6212 LAKE LUGANO DR
City-State-Zip: JACKSONVILLE FL 32256

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

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: TRISHA D. BOWLES**PRESIDENT****04/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date