

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90046 028 ****70.00

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1. Entity Name
SEASIDE SQUARES INCORPORATED



Principal Place of Business
**2600 W. STRATFORD ROAD
PENSACOLA, FL 32526**

Mailing Address
**2600 W. STRATFORD ROAD
PENSACOLA, FL 32526**

40058750



03212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1380061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENNER, WILLIAM T
2600 STRATFORD RD.
PENSACOLA, FL 32526**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JENNER, BILL
2600 STRATFORD ROAD
PENSACOLA, FL 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
EUBANKS, JERRY
1044 CANDLEWOOD DR
NAVARRE, FL 32566**

10495 Millbrook Dr
Pensacola, FL
32534

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BROWN, ANN (BERYLENA)
917 BROOK HILLS DRIVE
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Berylena J. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07 850-968-4415
Date Daytime Phone #