## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#767162**

Entity Name: SEASIDE INSTITUTE, INC.

FILED May 05, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 30 SMOLIAN CR/ 2ND FL P.O. BOX 4730 SEASIDE, FL 32459 **Current Mailing Address: New Mailing Address:** PO BOX 4730 SEASIDE BRANCH SEASIDE, FL 32459 FEI Number: 59-2347213 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLEIWEIS, PHYLLIS 30 SMOLIÁN CIRCLE SEASIDE, FL 32459 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DAVIS, ROBERT S., Name: Name: Address: 204 SEASIDE AVE. Address: City-St-Zip: SEASIDE, FL City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: DOWLER, DAVID Name: Address: 3009 MAPLE AVE APT 212 Address: City-St-Zip: DALLAS, TX 75201 City-St-Zip: Title: () Delete Title: () Change () Addition MARX, MORRIS Name: Name: 11000 UNIVERSITY PARKWAY Address: Address: City-St-Zip: PENSACOLA, FL 325145750 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SCRUGGS, PHYLLIS Name: WADDELL & ASSOC, 5188 WHEELIS DR Address: Address: City-St-Zip: MEMPHIS, TN 38117 City-St-Zip: Title: () Delete Title: () Change () Addition BLEIWEIS, PHYLLIS Name: Name: 119 WIND SPRAY CT Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ABBERGER, LESTER Name: Name: Address: P.O. BOX 1168 Address: TALLAHASSEE, FL 323021168 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHYLLIS BLEIWEIS D 05/05/2004