2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# 767162

Entity Name: SEASIDE INSTITUTE, INC.

Current Principal Place of Business:

30 SMOLIAN CR/ 2ND FL
P.O. BOX 4730
SEASIDE, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 4730
SEASIDE BRANCH
SEASIDE, FL 32459

New Mailing Address:

FEI Number: 59-2347213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLEIWEIS, PHYLLIS
30 SMOLIAN CIRCLE
SEASIDE, FL 32459 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	DAVIS, ROBERT S.,	
Address:	204 SEASIDE AVE.	
City-St-Zip:	SEASIDE, FL	
Title:	D	( ) Delete
Name:	DOWLER, DAVID	
Address:	3009 MAPLE AVE APT 212	
City-St-Zip:	DALLAS, TX 75201	
Title:	D	( ) Delete
Name:	MARX, MORRIS	
Address:	11000 UNIVERSITY PARKWAY	
City-St-Zip:	PENSACOLA, FL 325145750	
Title:	D	( ) Delete
Name:	SCRUGGS, PHYLLIS	
Address:	WADDELL & ASSOC, 5188 WHEELIS DR	
City-St-Zip:	MEMPHIS, TN 38117	
Title:	D	( ) Delete
Name:	BLEIWEIS, PHYLLIS	
Address:	119 WIND SPRAY CT	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	C	( ) Delete
Name:	ABBERGER, LESTER	
Address:	P.O. BOX 1168	
City-St-Zip:	TALLAHASSEE, FL 323021168	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 04/18/2005
Electronic Signature of Signing Officer or Director — Date