

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767162

FILED
Jan 19, 2010
Secretary of State

Entity Name: SEASIDE INSTITUTE, INC.

Current Principal Place of Business:

30 SMOLIAN CIRCLE 2ND FLOOR
SEASIDE, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 4875
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:

CRAIG, LISA
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: C
Name: GINDROZ, RAY
Address: 707 GRANT ST, 31ST FL
City-St-Zip: PITTSBURGH, PA 15219

Title: VC
Name: STARKEY, FRANK
Address: 12959 STATE RD 54
City-St-Zip: ODESSA, FL 33556

Title: AT
Name: MANN, STEVE
Address: BOX 878, 233 ROUTE 17
City-St-Zip: TUXEDO PARK, NY 10987

Title: MD
Name: GILLIS, IAN
Address: 23 LAVENHAUR ROAD
City-St-Zip: NOVATO, CA 94949

Title: S
Name: VOLK, LAURIE
Address: 6 EAST MAIN STREET
City-St-Zip: CLINTON, NJ 08809

Title: F
Name: DAVIS, ROBERT S
Address: 2443 FILLMORE ST #344
City-St-Zip: SANFRANCISCO, CA 94153

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: LISA CRAIG

MGR

01/19/2010

Electronic Signature of Signing Officer or Director

Date