

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767162

FILED
Feb 11, 2011
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:

DORNEY, DIANE
30 SMOLIAN 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: DIANE DORNEY

02/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: BD
Name: GINDROZ, RAY
Address: 707 GRANT STREET, 31ST FLOOR
City-St-Zip: PITTSBURGH, PA 15219

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

Title: FD
Name: TOOLE, ED
Address: 4313 LARCHMONT STREET
City-St-Zip: DALLAS, TX 75205

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: DIANE DORNEY

DRCT

02/11/2011

Electronic Signature of Signing Officer or Director

Date