

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90067 023 ****61.25

DOCUMENT # N01000000380 1. Entity Name THE SEASIDE INTERFAITH CHAPEL, INC.					
Principal Place of Business 582 FOREST STREET SEASIDE, FL 32459			Mailing Address POST OFFICE BOX 4936 SEASIDE BRANCH, FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1845745	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIVINGSTON, SUSAN 83 SKY HIGH DUNE DRIVE SANTA ROSA BEACH, FL 32459				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROBERTS, PATRICK C		NAME		
STREET ADDRESS	2111 TWO PONDS LANE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RENFROE, CHARLES		NAME		
STREET ADDRESS	2976 N EXPRESSWAY		STREET ADDRESS		
CITY-ST-ZIP	GRIFFIN, GA 30223		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SPEIGHT, HOLLY		NAME		
STREET ADDRESS	209 RUSKIN PLACE		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	REINHARD, SARAH		NAME	3907 West Miller's Bridge Rd	
STREET ADDRESS	414 NORTH RIDE		STREET ADDRESS	Tallahassee FL 32312	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Holly Speight, Secretary</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4.5.04 850.231.3497 Date Daytime Phone #		