2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90053 007 ****61.25

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1. Entity Name
THE SEASIDE INTERFAITH CHAPEL, INC.

Principal Place of Business	Mailing Address
582 FOREST STREET SEASIDE, FL 32459	POST OFFFICE BOX 4936 SANTA ROSA BEACH, FL 32459

03312008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 62-1845745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 **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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, PATRICK C 2111 TWO PONDS LANE TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sward, Charles 1837 Cedar Canyon Dr Atlanta GA 30345	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RENFROE, CHARLES 9 OLD PACES PLACE NW ATLANTA, GA 30327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Miller, Jeff PO Box 4820 Santa Rosa Beach FL 32459	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS REINHARD, SARAH 1976 E. COUNTY RD. 30-A SANTA ROSA BEACH, FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Mowell, Sarah PO Box 4687 Santa Rosa Beach FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JAMES, ED 5 OLD PACES PL HWY ATLANTA, GA 30327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YARGOROUGH, SAM 301-302 RUSKIN PL SANTA ROSA BEACH, FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Yarborough, Sam PO Box 4454 Santa Rosa Beach FL 32459	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GESSLER, MARK 8008 HACKAMORE DR. POTOMAC, MD 20857	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Charles Renfroe 4-2-08 404/867-5527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #