2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N01000000380

Entity Name: THE SEASIDE INTERFAITH CHAPEL, INC.

Current Principal Place of Business:

582 FOREST STREET
SEASIDE, FL 32459

New Principal Place of Business:

Current Mailing Address:

POST OFFFICE BOX 4936
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 62-1845745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, SUSAN
83 SKY HIGH DUNE DRIVE
SANTA ROSA BEACH, 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: D ( ) Delete
Name: ROBERTS, PATRICK C
Address: 2111 TWO PONDS LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP ( ) Delete
Name: RENFROE, CHARLES
Address: 9 OLD PACES PLACE NW
City-St-Zip: ATLANTA, GA 30327

Title: DS ( ) Delete
Name: MOWELL, SARAH
Address: PO BOX 4687
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DT ( ) Delete
Name: JAMES, ED
Address: 5 OLD PACES PL HWY
City-St-Zip: ATLANTA, GA 30327

Title: D ( ) Delete
Name: YARBOROUGH, SAM
Address: PO BOX 4754
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: GESSLER, MARK
Address: 8008 HACKAMORE DR.
City-St-Zip: POTOMAC, MD 20857

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 exemption stated 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 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: SUSAN LIVINGSTON RA 04/09/2009
Electronic Signature of Signing Officer or Director — Date