2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N02000004159

Entity Name: SEASIDE COMMUNITY FOUNDATION FOR CULTURE AND EDUCATION, INC.

Current Principal Place of Business:

30 SOMOLIAN CIRCLE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4730
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 71-0918270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLEIWEIS, PHYLLIS
30 SOMOLIAN CIRCLE
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: DC ( ) Delete
Name: DOWLER, DAVID
Address: 2011 CEDAR SPRINGS RD. #606
City-St-Zip: DALLAS, TX 75201

Title: DVC ( ) Delete
Name: FOSTER, SHIRLEY
Address: 16 SMOLTAN CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DAST ( ) Delete
Name: BLEIWEIS, PHYLLIS
Address: P.O. BOX 4730
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DST ( ) Delete
Name: SCRUGGS, DAVID
Address: 366 RIBERBLUFF PL.
City-St-Zip: MEMPHIS, TN 38103

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHYLLIS BLEIWEIS DAST 04/18/2005

Electronic Signature of Signing Officer or Director — Date