FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -3 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46940 (5)

1. Corporation Name

SEASIDE TOWN COUNCIL, INC.

Principal Place of Business	Mailing Address
PO BOX 4957 SANTA ROSA BEACH FL 32459 US	PO BOX 4957 SANTA ROSA BEACH FL 32459 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-3105801 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCFARLAND, CONNIE
HOLL BUILDING
HIGHWAY 30-A
SANTA ROSA BEACH FL 32549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WEATHERSBY, E. WOODS	12 NAME		
STREET ADDRESS	6520 ROBBINS RIDGE LANE	13 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	TD	☒ Change ☐ Addition
NAME	WRIGHT, BILL	22 NAME	David Scruggs	
STREET ADDRESS	2733 GLENMONT LANE	23 STREET ADDRESS	81 Monroe Ave.	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	Memphis TN 38103	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	BUEHLER, LINDA	32 NAME	David Allison	
STREET ADDRESS	2639 TRITT SPRINGS TRACE	33 STREET ADDRESS	886 Peachtree Drive	
CITY-ST-ZIP	MARIETTA GA 30062	34 CITY-ST-ZIP	Columbus GA 31906	
TITLE	TD	41 TITLE	VD	☒ Change ☐ Addition
NAME	GINN, WILLIAM	42 NAME		
STREET ADDRESS	4990 VALLO VISTA COURT	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30342	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	D	☒ Change ☐ Addition
NAME	NOONAN, BRUCE	52 NAME		
STREET ADDRESS	3810 PLAZA ST.	53 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	FORSYTHE, BILL	62 NAME		
STREET ADDRESS	6402 ARROW HEAD COURT	63 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HEAD PARK IL 60525	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X E. Woods Weathersby Chairman Woods Weathersby 2-26-95 901 525 6731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000419