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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

01/22/1992

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEATHERSBY, E. WOODS
STREET ADDRESS 6520 ROBBINS RIDGE LANE
CITY-ST-ZIP MEMPHIS TN ☒ DELETE

TITLE TD
NAME SCRUGGS, DAVID
STREET ADDRESS 81 MONROE AVENUE
CITY-ST-ZIP MEMPHIS TN ☐ DELETE

TITLE SD
NAME ALLISON, DAVID
STREET ADDRESS 886 PEACHTREE DRIVE
CITY-ST-ZIP COLUMBUS GA ☒ DELETE

TITLE VD
NAME GINN, WILLIAM
STREET ADDRESS 4990 VALLO VISTA COURT
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE D
NAME NOONAN, BRUCE
STREET ADDRESS 3810 PLAZA ST.
CITY-ST-ZIP COCONUT GROVE FL ☐ DELETE

TITLE D
NAME FORSYTHE, BILL
STREET ADDRESS 6402 ARROW HEAD COURT
CITY-ST-ZIP INDIAN HEAD PARK IL 60525 ☒ DELETE

1.1 TITLE D
1.2 NAME Ann King
1.3 STREET ADDRESS 415 Whittaker St.
1.4 CITY-ST-ZIP Savannah GA 31401 ☐ Change ☒ Addition

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Ralph Bogardus
3.3 STREET ADDRESS 4917 Northwood Lake Dr. E.
3.4 CITY-ST-ZIP Northport AL 35476 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE TD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE D
6.2 NAME Georgina Callan
6.3 STREET ADDRESS 1535 Octavia St.
6.4 CITY-ST-ZIP New Orleans LA 70115 ☐ Change ☒ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/96 901-525-6781

CR2E037 (12/95)