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FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USPO BOX 4957
SANTA ROSA BEACH FL 32459-4957
US3. Date Incorporated or Qualified
01/22/19923a. Date of Last Report
02/22/19964. FEI Number
59-3105801Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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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 type 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 D ☐ DELETE
NAME KING, ANN
STREET ADDRESS 416 WHITTAKER STREET
CITY-ST-ZIP SAVANNAH GA1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 739 E. 45th St.
1.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME SCRUGGS, DAVID
STREET ADDRESS 81 MONROE AVENUE
CITY-ST-ZIP MEMPHIS TN2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME BOGARDUS, RALPH
STREET ADDRESS 4917 NORTHWOOD LAKE DRIVE EAST
CITY-ST-ZIP NORTHPORT AL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Ed Lilly
3.3 STREET ADDRESS 42 Pensacola St.
3.4 CITY-ST-ZIP Seaside FL 32459TITLE VD ☒ DELETE
NAME GINN, WILLIAM
STREET ADDRESS 4980 VALLO VISTA COURT
CITY-ST-ZIP ATLANTA GA4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Gordon Burns
4.3 STREET ADDRESS 12 Odessa Street
4.4 CITY-ST-ZIP Seaside FL 32459TITLE TD ☐ DELETE
NAME NOONAN, BRUCE
STREET ADDRESS 3810 PLAZA ST.
CITY-ST-ZIP COCONUT GROVE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CALLAN, GEORGINA
STREET ADDRESS 1535 OCTAVIA STREET
CITY-ST-ZIP NEW ORLEANS LA6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Scruggs

2/15/97 901-525-6781

CR2E037 (9/96)