

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46940** (5)
1. Corporation Name
SEASIDE TOWN COUNCIL, INC.



Principal Place of Business PO BOX 4957 SANTA ROSA BEACH FL 32459 US	Mailing Address PO BOX 4957 SANTA ROSA BEACH FL 32459 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/22/1992
4. FEI Number 59-3105801
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, ANN	1.2 NAME	Judy Brantley
STREET ADDRESS	739 E. 45TH ST.	1.3 STREET ADDRESS	3792 N. Stratford Rd.
CITY-ST-ZIP	SAVANNAH GA	1.4 CITY-ST-ZIP	Atlanta GA
TITLE	DO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUGGS, DAVID	2.2 NAME	
STREET ADDRESS	81 MONROE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLY, ED	3.2 NAME	Ed Lilly
STREET ADDRESS	42 PENSACOLA ST.	3.3 STREET ADDRESS	42 Pensacola St
CITY-ST-ZIP	SEASIDE FL	3.4 CITY-ST-ZIP	Seaside FL
TITLE	DO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GORDON	4.2 NAME	
STREET ADDRESS	12 ODESSA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEASIDE FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, BRUCE	5.2 NAME	
STREET ADDRESS	3810 PLAZA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAN, GEORGINA	6.2 NAME	Georgina Callan
STREET ADDRESS	1535 OCTAVIA STREET	6.3 STREET ADDRESS	1535 Octavia St.
CITY-ST-ZIP	NEW ORLEANS LA	6.4 CITY-ST-ZIP	New Orleans LA

14. I 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]* 2/28/98 850-231-5551

CR2E037 (10/97)