

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90137 039 \*\*\*\*61.25

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|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N46940**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/22/1992

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

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 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

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | SD                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | BRANTLEY, JUDY      |  |
| STREET ADDRESS | 3792 N STRATFORD RD |  |
| CITY-ST-ZIP    | ATLANTA GA          |  |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | SCRUGGS, DAVID      |  |
| STREET ADDRESS | 81 MONROE AVENUE    |  |
| CITY-ST-ZIP    | MEMPHIS TN          |  |
| TITLE          | PD                  | <input type="checkbox"/> DELETE            |
| NAME           | LILLY, ED           |  |
| STREET ADDRESS | 42 PENSACOLA ST     |  |
| CITY-ST-ZIP    | SEASIDE FL          |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | BURNS, GORDON       |  |
| STREET ADDRESS | 12 ODESSA STREET    |  |
| CITY-ST-ZIP    | SEASIDE FL          |  |
| TITLE          | TD                  | <input type="checkbox"/> DELETE            |
| NAME           | NOONAN, BRUCE       |  |
| STREET ADDRESS | 3810 PLAZA ST.      |  |
| CITY-ST-ZIP    | COCONUT GROVE FL    |  |
| TITLE          | VD                  | <input type="checkbox"/> DELETE            |
| NAME           | CALLAN, GEORGINA    |  |
| STREET ADDRESS | 1535 OCTAVIA ST     |  |
| CITY-ST-ZIP    | NEW ORLEANS LA      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |               |  |
|--------------------|---------------|--|
| 1.1 TITLE          | VPD           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Wright Bagby  |  |
| 1.3 STREET ADDRESS | 317 E 3rd Ave |  |
| 1.4 CITY-ST-ZIP    | Rome GA 30161 |  |
| 2.1 TITLE          |               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |               |  |
| 2.3 STREET ADDRESS |               |  |
| 2.4 CITY-ST-ZIP    |               |  |
| 3.1 TITLE          | SD            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |               |  |
| 3.3 STREET ADDRESS |               |  |
| 3.4 CITY-ST-ZIP    |               |  |
| 4.1 TITLE          |               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |               |  |
| 4.3 STREET ADDRESS |               |  |
| 4.4 CITY-ST-ZIP    |               |  |
| 5.1 TITLE          |               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |               |  |
| 5.3 STREET ADDRESS |               |  |
| 5.4 CITY-ST-ZIP    |               |  |
| 6.1 TITLE          | PD            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |               |  |
| 6.3 STREET ADDRESS |               |  |
| 6.4 CITY-ST-ZIP    |               |  |

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

Date

504-895-2754

Daytime Phone #

CR2E037 (1/198)