

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90143 008 \*\*\*\*61.25

<b>DOCUMENT # N46940</b> 1. Entity Name <b>SEASIDE TOWN COUNCIL, INC.</b>					
Principal Place of Business <b>PO BOX 4957 SANTA ROSA BEACH, FL 32459 US</b>			Mailing Address <b>PO BOX 4957 SANTA ROSA BEACH, FL 32459 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-3105801</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>McFARLAND, CONNIE HOLL BUILDING HIGHWAY 30-A SANTA ROSA BEACH, FL 32549</b>			7. Name and Address of New Registered Agent Name <b>Timothy J. Brooks</b> Street Address (P.O. Box Number is Not Acceptable) <b>121 Central Square Suite #C</b> City <b>Santa Rosa Beach</b> <b>FL</b> Zip Code <b>32459</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Timothy J. Brooks</u> <u>Timothy J. Brooks</u> <u>04-05-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMES, DAVID <input type="checkbox"/> Delete 1219 WINDMILL DRIVE MERIDIAN, MS 39305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAMMES, David 1219 Windmill Drive Meridian MS 39305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCRUGGS, DAVID 81 MONROE AVENUE MEMPHIS, TN 38103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Renfro 51 Palisades Atlanta, GA 30309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MESTRE, DEBI 4830 OLD LEEDS ROAD BIRMINGHAM, AL 35213		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mestres, Debra 4830 Old Leeds Rd Birmingham AL 35213	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete NOONAN, BRUCE 3810 PLAZA ST. COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Sarah Reinhardt 3907 W. Millers Bridge Tallahassee, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete WEATHERSBY, WOODS 6520 ROBBINS RIDGE MEMPHIS, TN 38119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Tom Crenshaw 43 St. Albans Fairway Memphis TN 38114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete DAHLGREN, ANN 171 RIVER COURT PARKWAY ATLANTA, GA 30328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Braga Tupelo St Santa Rosa Beach FL 32459	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Debra M. Mestre / Pres. Debra M. Mestre</u> <u>3/5/05</u> <u>205 251 1248</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					