FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N92000000920 (0)**

1. Corporation Name

THE SEASIDE MEETING HOUSE, INC.

Principal Place of Business	Mailing Address
% THE SEASIDE COMMUNITY DEVELOPMENT CORP. P.O. BOX 4717 SANTA ROSA BEACH FL 32459	% THE SEASIDE COMMUNITY DEVELOPMENT CORP. P.O. BOX 4717 SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3162516 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NASCA, WILLIAM A.
COUNTY ROAD 30-A
SEASIDE BRANCH
SANTA ROSA FL 32459

10. Name and Address of New Registered Agent

81 Name: Bethany Folta
82 Street Address (P.O. Box Number is Not Acceptable): County Road 30-A
83 Seaside Branch
84 City: Santa Rosa Beach FL 85 Zip Code: 32459

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bethany Folta — 5-1-95
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	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ROBERT S.	12 NAME	
STREET ADDRESS	204 SEASIDE AVE	13 STREET ADDRESS	
CITY-ST-ZIP	SEASIDE FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DARYL	22 NAME	
STREET ADDRESS	204 SEASIDE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	SEASIDE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	NASCA, WILLIAM A.	32 NAME	Dwyer, Linda
STREET ADDRESS	P. O. BOX 4703, HWY. 30-A N/A	33 STREET ADDRESS	P.O. Box 4730, County Road 30-A
CITY-ST-ZIP	SANTA ROSA BCH FL	34 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FOLTA, BETHANY	42 NAME	
STREET ADDRESS	P. O. BOX 4730, HWY. 30-A N/A	43 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Bethany Folta — 5-1-95 — 904-231-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028107