

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90216 029 \*\*\*\*61.25

**DOCUMENT # N92000000920**

1. Corporation Name

**THE SEASIDE MEETING HOUSE, INC.**

Principal Place of Business

% THE SEASIDE COMMUNITY DEVELOPMENT CORP.  
P.O. BOX 4717  
SANTA ROSA BEACH FL 32459

Mailing Address

% THE SEASIDE COMMUNITY DEVELOPMENT CORP.  
P.O. BOX 4717  
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/23/1992

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

9. Name and Address of Current Registered Agent

BETHANY, FOLTA  
COUNTY ROAD 30-A  
SEASIDE BRANCH  
SANTA ROSA BEACH FL 32459

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 ☐ DELETE

NAME PD  
DAVIS, ROBERT S.  
STREET ADDRESS 204 SEASIDE AVE  
CITY-ST-ZIP SEASIDE FL

TITLE ☐ DELETE

NAME STD  
DAVIS, DARYL  
STREET ADDRESS 204 SEASIDE AVE  
CITY-ST-ZIP SEASIDE FL

TITLE ☐ DELETE

NAME D  
DWYER, LINDA  
STREET ADDRESS P O BOX 4730, COUNTY ROAD 30-A  
CITY-ST-ZIP SANTA ROSA BCH FL

TITLE ☐ DELETE

NAME D  
FOLTA, BETHANY  
STREET ADDRESS P. O. BOX 4730, HWY. 30-A N/A  
CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

Daytime Phone #

CR2E037\_ (11/98)