

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000920

1. Entity Name

THE SEASIDE MEETING HOUSE, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90021 011 ****61.25

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 32459-4717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3162516

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT S.	
STREET ADDRESS	P.O. BOX 4730, HWY 30A	
CITY-ST-ZIP	SEASIDE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, DARYL	
STREET ADDRESS	P.O. BOX 4730, HWY 30A	
CITY-ST-ZIP	SEASIDE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DWYER, LINDA	
STREET ADDRESS	P O BOX 4730, COUNTY ROAD 30-A	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLTA, BETHANY	
STREET ADDRESS	P. O. BOX 4730, HWY. 30-A N/A	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, Robert S.	
STREET ADDRESS	P.O. Box 4730	
CITY-ST-ZIP	Seaside, FL 32459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DARYL	
STREET ADDRESS	P.O. Box 4730	
CITY-ST-ZIP	Seaside, FL 32459	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MODICA, SARAH	
STREET ADDRESS	PO BOX 4656	
CITY-ST-ZIP	SANTA ROSA Bch, FL 32459	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLTA, Bethany	
STREET ADDRESS	P.O. BOX 4730	
CITY-ST-ZIP	Seaside, FL 32459	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberts, PA	
STREET ADDRESS	101 E. College	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reinhard, SARAH	
STREET ADDRESS	414 North Ride	
CITY-ST-ZIP	Tallahassee, FL 32303	

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: *Bethany Folta*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 (850) 231-2206
 Date Daytime Phone #

CR2E037 (9/99)