

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000732

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE SEASIDE SCHOOL, INC.

Current Principal Place of Business:

10 SMOLIAN CIRCLE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4610
SANTA ROSA BEACH, FL 32459

New Mailing Address:

P. O. BOX 4610
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3282809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELFAND, RICK
353 WILDERNESS WY
SEASIDE, FL 32459 US

Name and Address of New Registered Agent:

HELFAND, RICK
10 SMOLIAN CIRCLE
SANTA ROSA BEACH, FL 32459 US

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:

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELFAND, RICK
Address: PO BOX 4910
City-St-Zip: SEASIDE, FL 32459

Title: VD () Delete
Name: MYERS, STEVE
Address: 502 HIDDEN LAKE WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD () Delete
Name: SCHMAL, KIM
Address: 73 POND CYPRESS WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD () Delete
Name: COX, TESS
Address: 480 AMELIA LN
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HELFAND, RICK
Address: PO BOX 4910
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: PD (X) Change () Addition
Name: MYERS, STEVE
Address: 502 HIDDEN LAKE WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VD (X) Change () Addition
Name: WEIMORTS, MICHAEL
Address: 319 MORRISON ST.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: SD (X) Change () Addition
Name: EWING, AUDREY
Address: 109 OKEECHOBEE EAST
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK HELFAND

TD

01/27/2009

Electronic Signature of Signing Officer or Director

Date