

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 07, 1999 8:00 am
Secretary of State

04-07-1999 90074 050 ****61.25

DOCUMENT # N96000000880

1. Corporation Name

SEA BASTION SOCIAL ACTION COMMITTEE, INC.

3 8 1 5 5 6
301556 - 90074 - 50

Principal Place of Business

132 KING STREET STE 3
ST AUGUSTINE FL 32084

Mailing Address

Michael House
4921 N.W. 19th Place
Gainesville, FL 32605



2. Principal Place of Business

21 38 ARENTA ST

Suite, Apt. #, etc.

22 City & State

23 ST AUGUSTINE FL

Zip

24 32095

Country

25 ST. Johns

2a. Mailing Address

26 4921 NW 19th PL

Suite, Apt. #, etc.

27 City & State

28 GAINESVILLE FL

Zip

29 32605

Country

30 ALACHUA

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

59-3442962

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

HOUSE, MICHAEL E
132 KING STREET STE 3
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name House MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

4921 NW 19th PL

83 Gainesville

84 City

FL

85 Zip Code

32605

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 Michael E House

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

(NOTE: Registered Agent signature required when reinstating)

4-1-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE-HOUSE, SUZAN A
STREET ADDRESS 287 S MATANZAS BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE STD
NAME HOUSE, MICHAEL
STREET ADDRESS 287 S MATANZAS BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE VD
NAME KINGSLEY, BARBARA
STREET ADDRESS 8000 A1A SO #103
CITY-ST-ZIP CRESCENT BEACH FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 4921 NW 19th PL
1.4 CITY-ST-ZIP Gainesville FL 32605

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4921 NW 19th PL
2.4 CITY-ST-ZIP Gainesville FL 32605

3.1 TITLE
3.2 NAME Dennis Deshaies
3.3 STREET ADDRESS 900 MANATI AV
3.4 CITY-ST-ZIP ST AUGUSTINE FL 32095

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

14. 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 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, with all other like empowered.

SIGNATURE: MICHAEL E HOUSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 352 336 0048

Date

Daytime Phone #

CR2E037 (11/98)