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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000002792

1. Corporation Name
SEASIDE CHAPEL, INC.

Principal Place of Business

1335 W INDIANTOWN RD
SUITE B
JUPITER FL 33458
US

Mailing Address

1335 W INDIANTOWN RD
SUITE B
JUPITER FL 33458
US



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

05/28/1996

4. FEI Number
65-0667244

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

BARRETT, ROBERT E JR
1335 W INDIANTOWN RD
SUITE B
JUPITER FL 33458

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 **D** ☐ DELETE
NAME **BARRETT, ROBERT E JR**
STREET ADDRESS **6126 WINDING LAKE DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ DELETE
NAME **ANDERSON, KEN**
STREET ADDRESS **27 TRADEWINDS CIR**
CITY-ST-ZIP **TEQUESTA FL**

TITLE **D** ☐ DELETE
NAME **ANDERSON, DANA**
STREET ADDRESS **48 YACHT CLUB PLACE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☐ DELETE
NAME **BOLVI, GREG**
STREET ADDRESS **401 LAKEWOOD CT, 1-C**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☐ DELETE
NAME **BROOKS, MIKE**
STREET ADDRESS **6143 SE ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☒ DELETE
NAME **HUBBARD, JOSEPH**
STREET ADDRESS **11671 153RD CT N**
CITY-ST-ZIP **JUPITER FL 33478**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Robert E Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

561-748-0900

Date Daytime Phone #

CR2E037 (1/98)