

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000380

Entity Name: THE SEASIDE INTERFAITH CHAPEL, INC.**Current Principal Place of Business:**582 FOREST STREET
SEASIDE, FL 32459**Current Mailing Address:**POST OFFICE BOX 4936
SANTA ROSA BEACH, FL 32459**FEI Number: 62-1845745****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIVINGSTON, SUSAN
83 SKY HIGH DUNE DRIVE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name ROBERTS, PATRICK C
Address 2111 TWO PONDS LANE
City-State-Zip: TALLAHASSEE FL 32312Title DP
Name RENFROE, CHARLES
Address 9 OLD PACES PLACE NW
City-State-Zip: ATLANTA GA 30327Title D
Name MOWELL, SARAH
Address PO BOX 4687
City-State-Zip: SANTA ROSA BEACH FL 32459Title DS/T
Name JAMES, ED
Address 5 OLD PACES PL HWY
City-State-Zip: ATLANTA GA 30327Title D
Name SWARD, CHARLES
Address 1837 CEDAR CANYON DR
City-State-Zip: ATLANTA GA 30345Title D
Name SEAWELL, GLENN
Address PO BOX 4900
City-State-Zip: SANTA ROSA BEACH FL 32459

I hereby 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 all other like empowered.

SIGNATURE: GLENN SEAWELL**DIRECTOR****02/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date