

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46940

Entity Name: SEASIDE TOWN COUNCIL, INC.**Current Principal Place of Business:**1394 HWY 283 SOUTH
BLDG # 5
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**PO BOX 4957
SANTA ROSA BEACH, FL 32459 US**FEI Number: 59-3105801****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANCHORS, MICHELLE
2113 LEWIS TURNER BLVD
STE 100
FORT WALTON BEACH, FL 32547 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 VPD
Name TOOLE, ED
Address 4313 LARCHMONT
City-State-Zip: DALLAS TX 75205

Title SD
Name HOLLAND, KAREN
Address 4618 WARWICK BOULEVARD 8-A
City-State-Zip: KANSAS CITY MO 64112

Title TD
Name TRUCKSESS, BERT
Address 174 WATERCOLOR WAY, SUITE 103
PMB346
City-State-Zip: SANTA ROSA BEACH FL

Title PD
Name BOB, WIGGINS
Address 301 N. 19TH STREET
City-State-Zip: BIRMINGHAM AL 35203

Title DIRECTOR
Name CANALE, SISSIE
Address 1594 PEABODY AVENUE
City-State-Zip: MEMPHIS TN 38104

Title DIRECTOR
Name SEAWELL, GLENN
Address P.O. BOX 4900
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name MESTRE, JOSE
Address 5275 GREYSTONE WAY
City-State-Zip: BIRMINGHAM AL 35242

Title DIRECTOR
Name NELSON, RICE
Address 3202 SOUTH DELAWARE PLACE
City-State-Zip: TULSA OK 74105

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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: BOB WIGGINS**PRESIDENT****04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ZIMMERMAN, PETER
Address	600 JACKSON BOULEVARD
City-State-Zip:	NASHVILLE TN 37205