

**2015 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	HOLLAND, KAREN
Address	4618 WARWICK BOULEVARD 8-A
City-State-Zip:	KANSAS CITY MO 64112

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

Title	PD
Name	BOB, WIGGINS
Address	3633 CLIFF ROAD
City-State-Zip:	BIRMINGHAM AL 35205

Title	SD
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	CIRINCIONE, BOB
Address	19815 SPRING CREEK ROAD
City-State-Zip:	HAGERSTOWN MD 21742

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

Title	DIRECTOR
Name	SPRONG, DOUG
Address	443 E ARGONNE
City-State-Zip:	KIRKLAND MO 63122

**Continues on page 2**

*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****02/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	RICHARDSON, DIANE
Address	PO BOX 4609
City-State-Zip:	SANTA ROSA BEACH FL 32459