

2016 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 # 7
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	PRESIDENT
Name	HOLLAND, KAREN
Address	4618 WARWICK BOULEVARD 8-A
City-State-Zip:	KANSAS CITY MO 64112

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

Title	SECRETARY
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	VP
Name	SPRONG, DOUG
Address	443 E ARGONNE
City-State-Zip:	KIRKWOOD MO 63122

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

Title	DIRECTOR
Name	DIXON, JIM
Address	787 SHERWOOD ROAD
City-State-Zip:	ATLANTA GA 30324

Title	DIRECTOR
Name	MORGAN, RAY
Address	120 N MEDICAL PARKWAY BUILDING 200 SUITE 100
City-State-Zip:	WOODSTOCK GA 30189

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: KAREN HOLLAND

PRESIDENT

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KAHN, ARTHUR
Address	3801 SOUTH GALLOWAY DRIVE
City-State-Zip:	MEMPHIS TN 38111