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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23815 (6)  
1. Corporation Name

SANTA ROSA EDUCATIONAL FOUNDATION, INC.



Principal Place of Business: 603 CANAL STREET MILTON FL 32570  
Mailing Address: 603 CANAL STREET MILTON FL 32570-6706

3. Date Incorporated or Qualified: 12/10/1987  
3a. Date of Last Report: 02/21/1996  
4. FEI Number: 59-2875033  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
RITCHIE, DEE DEE  
SANTA ROSA SCHOOL DIST  
603 CANAL STREET  
MILTON FL 32570

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1.1 TITLE: CP  
1.2 NAME: GREEN, JIM  
1.3 STREET ADDRESS: PO DRAWER 730 FOLEY AL  
1.4 CITY-ST-ZIP: \_\_\_\_\_  
2.1 TITLE: D  
2.2 NAME: CLOUTIER, DICK  
2.3 STREET ADDRESS: 701 CHINQUAPIN RD. MILTON FL  
2.4 CITY-ST-ZIP: \_\_\_\_\_  
3.1 TITLE: V  
3.2 NAME: YOUNG, PAUL  
3.3 STREET ADDRESS: 605 W. GARDEN ST. PENSACOLA FL  
3.4 CITY-ST-ZIP: \_\_\_\_\_  
4.1 TITLE: ED  
4.2 NAME: RITCHIE, DEE DEE  
4.3 STREET ADDRESS: 2324 ARRIVISTE WAY PENSACOLA FL 32504  
4.4 CITY-ST-ZIP: \_\_\_\_\_  
5.1 TITLE: D  
5.2 NAME: HARDY, KEN  
5.3 STREET ADDRESS: 5111 N 12TH AVE PENSACOLA FL  
5.4 CITY-ST-ZIP: \_\_\_\_\_  
6.1 TITLE: D  
6.2 NAME: MAPOLES, PAULA  
6.3 STREET ADDRESS: 1 PRINTER'S ALLEY MILTON FL  
6.4 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: D  
1.2 NAME: \_\_\_\_\_  
1.3 STREET ADDRESS: \_\_\_\_\_  
1.4 CITY-ST-ZIP: \_\_\_\_\_  
2.1 TITLE: V  
2.2 NAME: Don Salter  
2.3 STREET ADDRESS: Dogwood Drive  
2.4 CITY-ST-ZIP: Milton, FL 32570  
3.1 TITLE: CP  
3.2 NAME: \_\_\_\_\_  
3.3 STREET ADDRESS: \_\_\_\_\_  
3.4 CITY-ST-ZIP: \_\_\_\_\_  
4.1 TITLE: \_\_\_\_\_  
4.2 NAME: \_\_\_\_\_  
4.3 STREET ADDRESS: \_\_\_\_\_  
4.4 CITY-ST-ZIP: \_\_\_\_\_  
5.1 TITLE: \_\_\_\_\_  
5.2 NAME: \_\_\_\_\_  
5.3 STREET ADDRESS: \_\_\_\_\_  
5.4 CITY-ST-ZIP: \_\_\_\_\_  
6.1 TITLE: \_\_\_\_\_  
6.2 NAME: \_\_\_\_\_  
6.3 STREET ADDRESS: \_\_\_\_\_  
6.4 CITY-ST-ZIP: \_\_\_\_\_

14. I do 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.

SIGNATURE: \_\_\_\_\_ (SIGNED) 2-5-97 9049164130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074452

CR2E037 (9/96)