FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999____

DOCUMENT # N23815

SANTA ROSA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

603 CANAL STREET MILTON FL 32570 603 CANAL STREET MILTON FL 32570

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90002 044 ****61.25



—	lace of Business	2a. Mailing Address	iling Address		3. Date Incorporated or Qualifed 12/10/1987			
21 Suite Ant	# oto	26 Suite, Apt. #, etc.		_	4. FEI Number		App	lied For
	¬				59-2875033			Applicable
City & Staf	ie	City & State			5. Certifcate of Status Desired		\$8.75 Ac	
Zip 24	Country Zip 25 29		Country 30		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
	9. Name and Address of Currer		1		10. Name and Address of New Ro	egistered /	Agent	
			81	Name				
RITCHIE, DEE DEE			82	Street Addr	ress (P.O. Box Number is Not Acceptal	ole)		
	OSA SCHOOL DIST		83			<u></u>		
	AL STREET		33			<u>.</u>		
MILTON F	-L 32570		84	City		FI.	85 Zip C	ode
		- 10.7 1000 Ft 11 01 1	Abo ob ou		which a hards this statement for the	urnoss of	changing its r	enistered
11. Pursuant office or a gent: La	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligations are sentenced to the obligations.	of Florida, Such change was authations of Section 617.0503, Floridations of Section 617.0503, Floridations	norized by a Statutes	the corporation.	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	itment as regi	stered
SIGNATURE) Lily Lily	~ Butcher			d when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ur sibuarnia tadriia	ADDITIONS/CHANGES TO OFF		D DIRECTOR	S IN 12
TITLE	D OFFICERS AI	DELETE	1.1 TITLE	_		 _	☐ Change	☐ Addition
	GREEN, JIM		1.2 NAME					
NAME	DO DOMETO 700			T ADDRESS				
STREET ADDRESS	FOLEY AL		1.4 CITY-S					
CITY-ST-ZIP	V	☐ DELETE	2.1 TITLE	11-ZJF			Change	Addition
	SALTER, DON	L. D.L L	2.2 NAME					
NAME	DOOMOOD OD		1	TADORESS				
STREET ADDRESS	MILTON FL		1					•
CITY-ST-ZIP			2.4 CITY-5 3.1 TITLE	\$1-ZIP			Change	Addition
TITLE	CP VOLING DALK		3.3 TITLE					
NAME	YOUNG, PAUL			T + 0000000				
STREET ADDRESS	l			TADDRESS				
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-:	SI-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
TITLE	ED DEE DEE	□ DEFE16	4.1 TITLE					
NAME	RITCHIE, DEE DEE		4.2 NAME	ł				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32504		4.4 CITY-S	ST-ZIP			Change	☐ Addition
TITLE	i D		5.1 TITLE 5.2 NAME				change	
NAME	HARDY, KEN			TADDOECC				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP.	PENSACOLA FL		5.4 CITY-5 6.1 TITLE	51-ZIP			Change	Addition
TITLE	D	☐ DELETE				•		
NAME	MAPOLES, PAULA		6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
	MILTON FI		64 CITY S	ST7IP				

14. I 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, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98