2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 05, 2005 08:00 AM Secretary of State DOCUMENT # N23815 1. Entity Name SANTA ROSA EDUCATIONAL FOUNDATION, INC. Principal Place of Business Mailing Address **5086 CANAL STREET** 5086 CANAL STREET MILTON FL 32570 MILTON FL 32570 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2875033 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REESE, CLAIREN Street Address (P.O. Box Number is Not Acceptable) **5086 CANAL STREET** MILTON FL 32570 City 8. 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. I am familiar with, and acc. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete 33111 Change ☐ Ait HOLLEY, KYLE NAME NAME 2299 SCENIC HIGHWAY #T-8 SIRFET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ A-: BROWN, RANDY NAME NAME 5120 DOGWOOD DRIVE STREET ADDRESS STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change □ Adir MUNDAY, KAY NAME NAME 6475 AVENIDA DE GALVEZ STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Aria ☐ Change REESE, CLAIREN NAME NAME **5086 CANAL STREET** STREET ADDRESS STREET ADDRESS MILTON FL 32570 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Ditt Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP HILE ☐ Delete THE Change A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP

12. 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 report or supplemental 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 direct of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATIFIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

(850)983-5043