


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90138 003 ****70.00

DOCUMENT # N23815					
1. Entity Name SANTA ROSA EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 5086 CANAL STREET MILTON, FL 32570			Mailing Address 5086 CANAL STREET MILTON, FL 32570		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2875033				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REESE, CLAIREN 5086 CANAL STREET MILTON, FL 32570			Name <u>KYLE HOLLEY/INTERIM DIRECTOR</u> Street Address (P.O. Box Number is Not Acceptable) <u>2295</u> City _____ State <u>FL</u> Zip Code _____		
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 accept the obligations of registered agent.					
SIGNATURE <u>Kyle S. Holley</u>		INTERIM EXE. DIRECTOR/B.O.D.		DATE _____	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	RANDY SANSOM. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLEY, KYLE		NAME	87 BAYBRIDGE PARK	
STREET ADDRESS	2299 SCENIC HIGHWAY #T-8		STREET ADDRESS	GULF BREEZE FL 32561	
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	RENEE BOOKOUT D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RANDY		NAME	4068 W. MADURARD	
STREET ADDRESS	5120 DOGWOOD DRIVE		STREET ADDRESS	GULF BREEZE, FL. 32563	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDAY, KAY		NAME		
STREET ADDRESS	6475 AVENIDA DE GALVEZ		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, CLAIREN		NAME		
STREET ADDRESS	5086 CANAL STREET		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	KYLE HOLLEY D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	2299 SCENIC Hwy #T-8	
STREET ADDRESS			STREET ADDRESS	PENSACOLA, FL. 32503	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kyle S. Holley</u>		7/13/06		Date _____ Daytime Phone # _____	