2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBÉ)

## Aug 15, 2003 8:00 am Secretary of State DOCUMENT # **N23815** 1. Entity Name 01-21-2003 90117 034 \*\*\*\*70.00 SANTA ROSA EDUCATIONAL FOUNDATION, INC. 08-15-2003 90081 011 \*\*\*\*61.25 Principal Place of Business Mailing Address 5086 CANAL STREET 5088 CANAL STREET MILTON FL 32570 MILTON FL 32570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2875033 Not Applicable 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 JUDY-MILLER, JANE Street Address (P.O. Box Number is Not Acceptable) SAÑTA ROSA SCHOOL DIST 5086 CANAL STREET M&TON FL 32570 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE n TITLE ☐ Change ☐ Addition Delete HOLLEY, KYLE NAME NAME STREET ADDRESS 2299 SCENIC HIGHWAY #T-8 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME SALTER, DON NAME STREET ADDRESS DOGWOOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-MILTON FL -- -TITLE Delete TITLE Change ☐ Addition NICHOLS, SHEILA NAME NAME 3880 BAY WIND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GULF BREEZE FL 32563** ED TITLE ☐ Change ☐ Addition TITLE ☐ Delete JUDY-MILLER, JANE NAME NAME STREET ADDRESS **5774 TRULUCK AVE** STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete BURDEN, JERRY NAME NAME 5686 PIN OAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MILTON FL 32586

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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

2003

820

☐ Addition

☐ Change

(4/03)