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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006671

1. Corporation Name
SANTA ROSA ART ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 4256
MILTON FL 32572

Mailing Address
P.O. BOX 4256
MILTON FL 32572



21. Principal Place of Business		22. Mailing Address		3. Date Incorporated or Qualified 01/01/1998	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number 59-3492481	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent VREELAND, SARA L 3205 KINGSMILL RD. PACE FL 32571				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				FL		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IRENE LOHR		1.2 NAME	PATRICIA D'ASARO D			
STREET ADDRESS	2096 STALLION RD		1.3 STREET ADDRESS	4620 POBSYTH ST			
CITY-ST-ZIP	CAPTOWNMENT FL 32533		1.4 CITY-ST-ZIP	BAGDAD FL 32543			
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JESSE SCOTT		2.2 NAME	HERBERT BULLARD D			
STREET ADDRESS	5140 POTOMAC DR		2.3 STREET ADDRESS	2152 COPELAND DR.			
CITY-ST-ZIP	PACE FL 32571		2.4 CITY-ST-ZIP	MILTON FL 32583			
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAWN JULL		3.2 NAME	BARBARA JAMES D			
STREET ADDRESS	5226 MORGAN RIDGE RD		3.3 STREET ADDRESS	4600 PLEASANT GLOBE RD			
CITY-ST-ZIP	MILTON FL 32570		3.4 CITY-ST-ZIP	MILTON FL 32570			
TITLE	TREASURER	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SARA VREELAND		4.2 NAME				
STREET ADDRESS	3205 KINGSMILL RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	PACE FL 32571		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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: SARA VREELAND **SIGNATURE REQUIRED** TREASURER JAN 26 1999 850 994 7676
SIGNATURE AND TITLE OF REGISTERED AGENT OR FILER OR DIRECTOR Date Telephone

CR2E037 (11/98)