

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90038 039 ****70.00

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1. Entity 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**

54015612



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3492481

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VREELAND, SARA L
 3205 KINGSMILL RD.
 PACE, FL 32571**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME BORGES, SUZANNE
 STREET ADDRESS 5547 WOODRIDGE DR.
 CITY-ST-ZIP MILTON, FL 32570

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV Delete
 NAME UNDERWOOD, PATTI
 STREET ADDRESS 3993 WARD BASIN RD
 CITY-ST-ZIP MILTON, FL 32583

TITLE DV Change Addition
 NAME PESCHEL, NAITA
 STREET ADDRESS 5053 SERRY LAWE
 CITY-ST-ZIP PACE, FL 32571

TITLE SD Delete
 NAME BORGES, SUZANNE
 STREET ADDRESS 5547 WOODRIDGE DR
 CITY-ST-ZIP MILTON, FL 32570

TITLE SD Change Addition
 NAME RICHARDSON, MARIANNE
 STREET ADDRESS 5053 SAN MIGUEL ST.
 CITY-ST-ZIP AVALON BEACH, FL 32583

TITLE SD Delete
 NAME BEVANS, CHRISTINE
 STREET ADDRESS 7647 MARIETTE DR.
 CITY-ST-ZIP MILTON, FL 32570

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-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 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: Suzanne Borges Suzanne Borges 3-3-04 (850)623-4981
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #