


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90186 031 ****70.00

DOCUMENT # N97000006671					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGES, SUZANNE			NAME	
STREET ADDRESS	5547 WOODRIDGE DR.			STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESCHEL, NAITA			NAME	
STREET ADDRESS	5055 SERRY LANE			STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, MARIANNE			NAME	ELIZABETH MOORE
STREET ADDRESS	5053 SAN MIGUEL ST.			STREET ADDRESS	6153 WILLARD NORRIS RD
CITY-ST-ZIP	AVALON BEACH, FL 32583			CITY-ST-ZIP	MILTON FL 32570
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVANS, CHRISTINE			NAME	ASHLEY SPEARS
STREET ADDRESS	7847 MARIETTE DR.			STREET ADDRESS	3754 WILLARD NORRIS RD
CITY-ST-ZIP	MILTON, FL 32570			CITY-ST-ZIP	PACE FL 32571
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	
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 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: <u>Suzanne Borges</u>				2-22-05 (850) 623-4981	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	