


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2007/05/1

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90109 034 ****61.25

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

01312007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3492481	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VREELAND, SARA L 3205 KINGSMILL RD. PACE, FL 32571	

7. Name and Address of New Registered Agent	
Name	Dempsey, Janice
Street Address (P.O. Box Number is Not Acceptable)	8771 Hickory Hammock Rd.
City	Milton
State	FL
Zip Code	32583

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: *Janice K. Dempsey* Janice K. Dempsey *Feb 1-07*
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, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PESCHEL, NAITA 5055 JERRY LN PACE, FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICHARDSON, MARIANNE 5053 SAN MIGUEL ST AVALON BCH, FL 32583 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEAL, JANIE 5697 ENGLISH TURN DR PACE, FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEAKIE, ANGIE 7703 TRINITY CHURCH RD MILTON, FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dempsey, Janice 8771 Hickory Hammock Rd. Milton FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janice K. Dempsey* Janice K. Dempsey *Feb 1-07* 850-623-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #