

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23815

**Entity Name:** SANTA ROSA EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

6751 BERRYHILL STREET  
MILTON, FL 32570

**Current Mailing Address:**

5086 CANAL STREET  
MILTON, FL 32570

**FEI Number: 59-2875033**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANSOM, RANDY  
87 BAYBRIDGE PARK  
GULF BREEZE, FL 32561 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SANSOM, RANDY  
Address        87 BAYBRIDGE PARK  
City-State-Zip: GULF BREEZE FL 32561

Title           DIRECTOR  
Name           BOOKOUT, RENEE  
Address        522 FAIRPOINT DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title           CHAIRMAN  
Name           DRINKARD, L L  
Address        4453 BERRYHILL ROAD  
City-State-Zip: PACE FL 32571

Title           TREASURER  
Name           MUNDAY, KAY  
Address        6475 AVENIDA DE GALVEZ  
City-State-Zip: NAVARRE FL 32566

Title           PAST CHAIR  
Name           BLOOMBERG, KARA  
Address        1070 HARBOR LANE  
City-State-Zip: GULF BREEZE FL 32563

Title           SECRETARY  
Name           MALLON, TIM  
Address        4700 KITTY HAWK CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RANDY SANSOM**

**DIRECTOR**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date