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FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701766 (8)

1. Corporation Name

THE ARC SANTA ROSA, INC.

Principal Place of Business

409 DIXIE ROAD
MILTON FL 32570

Mailing Address

409 DIXIE ROAD
MILTON FL 32570-65613. Date Incorporated or Qualified
12/07/19603a. Date of Last Report
04/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1862936

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INMAN, VIRGINIA
409 DIXIE ROAD
MILTON FL 32570

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ED	<input type="checkbox"/> DELETE
NAME	INMAN, VIRGINIA	
STREET ADDRESS	409 DIXIE ROAD	
CITY-ST-ZIP	MILTON, FLORIDA 0	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARVER, HERB	
STREET ADDRESS	7174 N HWY 89	
CITY-ST-ZIP	MILTON FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINGLETARY, PETE	
STREET ADDRESS	7351 HIGHWAY 89	
CITY-ST-ZIP	MILTON FL	

3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Singletary, R.	
3.3 STREET ADDRESS	7351 Highway 89	
3.4 CITY-ST-ZIP	Milton, FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEON WALLS	
STREET ADDRESS	5417 CAMILE GARDENS ROAD	
CITY-ST-ZIP	MILTON FL	

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Norris, Kittye	
4.3 STREET ADDRESS	5981 Shimmering Pines	
4.4 CITY-ST-ZIP	Pace, FL 32571	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, HUGH	
STREET ADDRESS	5442 SHAMROCK	
CITY-ST-ZIP	MILTON FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JANE JUDY	
STREET ADDRESS	5774 TRULUCK AVE.	
CITY-ST-ZIP	MILTON FL	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ard, Oakland	
6.3 STREET ADDRESS	P.O. Box 55	
6.4 CITY-ST-ZIP	Jay, FL 32565 (N/A)	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Singletary 1/27/97 904 623-8214

Date

Daytime Phone # 0074482

CR2E037 (9/96)