


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90022 049 \*\*\*\*70.00

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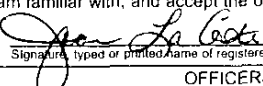
<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 701766</b>					
1. Corporation Name <b>THE ARC SANTA ROSA, INC.</b>					
Principal Place of Business <b>409 DIXIE ROAD MILTON FL 32570</b>			Mailing Address <b>409 DIXIE ROAD MILTON FL 32570</b>		



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/07/1960</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1862936</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

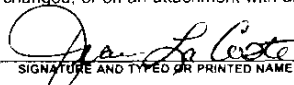
9. Name and Address of Current Registered Agent <b>INMAN, VIRGINIA 409 DIXIE ROAD MILTON FL 32570</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Jean LaCoste</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <b>409 Dixie Road</b>			
				84 City <b>Milton</b> <b>FL</b> 85 Zip Code <b>32570</b>			

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  (NOTE: Registered Agent signature required when reinstating) DATE **3-15-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ED	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	ED	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	INMAN, VIRGINIA			12 NAME	LaCoste, Jean		
STREET ADDRESS	409 DIXIE ROAD			13 STREET ADDRESS	409 Dixie Road		
CITY-ST-ZIP	MILTON, FLORIDA 0			14 CITY-ST-ZIP	Milton, FL 32570		
TITLE	TSD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARVER, HERB			22 NAME	Boyles, Robin		
STREET ADDRESS	7174 N HWY 89			23 STREET ADDRESS	6209 Pine Blossom Road		
CITY-ST-ZIP	MILTON FL			2.4 CITY-ST-ZIP	Milton, FL 32570		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SINGLETARY, R.			32 NAME	Walls, Leon		
STREET ADDRESS	7351 HIGHWAY 89			33 STREET ADDRESS	5417 Camille Gardens Road		
CITY-ST-ZIP	MILTON FL			34 CITY-ST-ZIP	Milton, FL 32570		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, HUGH			4.2 NAME	Clarkin, Victoria		
STREET ADDRESS	5442 SHAMROCK			43 STREET ADDRESS	5535 Stewart Street		
CITY-ST-ZIP	MILTON FL			44 CITY-ST-ZIP	Milton, FL 32570		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARD, OAKLAND			52 NAME	Smith, Ann		
STREET ADDRESS	PO BOX 65 N/A			53 STREET ADDRESS	5890 Cherokee Drive		
CITY-ST-ZIP	JAY FL			54 CITY-ST-ZIP	Milton, FL 32570		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:  DATE **3-15-99** DAYTIME PHONE # **850-623-9320**

CR2E037 (11/98)