

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90118 015 ****70.00

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DOCUMENT # 701766

1. Entity Name

THE ARC SANTA ROSA, INC.



Principal Place of Business

**409 DIXIE ROAD
MILTON FL 32570**

Mailing Address

**409 DIXIE ROAD
MILTON FL 32570**

2. Principal Place of Business

6225 DIXIE ROAD

3. Mailing Address

6225 DIXIE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

4. FEI Number **59-1862936**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, ANN
409 DIXIE ROAD
MILTON FL 32570**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ann Smith

ANN SMITH/DIRECTOR

3/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDD** ☐ Delete
NAME **BOWMAN, ROBERT DR**
STREET ADDRESS **5836 DEWEY RD**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **VD** ☐ Delete
NAME **WHITE, ROMI**
STREET ADDRESS **6333 HAMMOCK TRACE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **STD** ☐ Delete
NAME **SINGLETARY, PETE**
STREET ADDRESS **7351 HWY 89**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **SD** ☐ Delete
NAME **SMITH, ALICE**
STREET ADDRESS **6425 SYCAMORE ST**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDD** ☒ Change ☐ Addition
NAME **Harmon O. Massey**
STREET ADDRESS **302 Elmira Street**
CITY-ST-ZIP **Milton, FL 32572**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Kaye WHITE**
STREET ADDRESS **8135 Jaime Drive**
CITY-ST-ZIP **Milton, FL 32583**

TITLE **2nd VPD** ☒ Change ☐ Addition
NAME **Debbie Padgett**
STREET ADDRESS **10210 Pond Road**
CITY-ST-ZIP **Milton, FL 32583**

TITLE **SD** ☒ Change ☐ Addition
NAME **Paula Lou Mapoles**
STREET ADDRESS **7150 Printers Alley**
CITY-ST-ZIP **Milton, FL 32583**

TITLE **TD** ☒ Change ☐ Addition
NAME **Pam Davis**
STREET ADDRESS **5300 Crystal Creek Drive**
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SA Ann

(850) 623-2268

Date:

Daytime Phone #

CR2E037 (10/02)