

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90045 011 ****61.25

DOCUMENT # 708814					
1. Entity Name SANTA ROSA RESERVISTS, INC.					
Principal Place of Business 6409 FLEET AVE MILTON, FL 32570 US			Mailing Address 6409 FLEET AVE MILTON, FL 32570 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01312006 Chg-NP CR2E037 (11/05)	
4. FEI Number 70-8814670				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, F.A. 6966 HWY 87 N MILTON, FL 32570			7. Name and Address of New Registered Agent Name <u>HANSEN ROBERT M</u> Street Address (P.O. Box Number is Not Acceptable) <u>6357 PINE BLOSSOM ROAD</u> City <u>MILTON</u> FL Zip Code <u>32570</u>		
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 <u>Robert M Hansen</u> <u>ROBERT M HANSEN</u> <u>2-1-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, F.A. 6966 HWY 87N MILTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANSEN, ROBERT M 6357 PINE BLOSSOM ROAD MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, CHARLES W 8518 EL PASEO ST NAVARRE, FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNIS, RICHARD E 6437 Robie Road MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAHACKER, WILLIAM J 7067 EAST MAGNOLIA ST MILTON, FL 32570	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELT, JOYCE 213 MAGNOLIA ST MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENNIS, RICHARD E 6233 GREENWOOD DR MILTON, FL 32570	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, CHARLES W 8518 EL PASEO ST NAVARRE, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, MALCOLM 5578 CYANAIND ROAD MILTON, FL 32583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIVER, PAT 6358 HWY 4 JAY, FL 32565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YECKLEY, JOHN A 3930 BAYBROOKE DR MILTON, FL 32571	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, JAMES N 6544 SELLER DR MILTON, FL 32570	<input checked="" 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: <u>Robert M Hansen</u> <u>ROBERT M HANSEN</u> <u>2/1/2006</u> <u>626-8304</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					