2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90040 017 ****61.25

DOCUMENT # 708814

1. Entity Name
SANTA ROSA RESERVISTS, INC.

Principal Place of Business	Mailing Address
6409 FLEET AVE MILTON, FL 32570 US	6409 FLEET AVE MILTON, FL 32570 US

01022008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 70-8814670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, F A 6401 FLEET AVE MILTON, FL 32570	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ST~~ ~~HANSEN, ROBERT M~~ ~~6357 PINE BLOSSOM RD~~ ~~MILTON, FL 32570~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S T SMITH, F A 6401 FLEET AVE MILTON, FL 32570-3271	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DENNIS, RICHARD E 6437 ROBIE RD MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNIS, RICHARD E. 6437 ROBIE ROAD MILTON, FL 32570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ ~~BELT, JOYCE~~ ~~213 MAGNOLIA ST~~ ~~MILTON, FL 32570~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MURRAY, SUSAN 4458 TRICE ROAD PACE, FL 32571	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, CHARLES W 8518 EL PASEO ST NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BISHOP, CHARLES W. 8518 EL PASEO ST. NAVARRE, FL 32566	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~DRIVER, PAT~~ ~~6358 HWY #4~~ ~~JAY, FL 32565~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORBES, MALCOLM 6413 SYCAMORE ST. MILTON, FL 32570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DODGE, JAMES N 6544 SELLER DR MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: F A Smith F A SMITH 4-4-2008 850-623-6759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #