

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 714938	
1. Entity Name SANTA ROSA COUNTY BOARD OF REALTORS, INC.	



Principal Place of Business 5373 STEWART ST MILTON, FL 32570 US	Mailing Address P O BOX 803 MILTON, FL 32572 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1836651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GIFFORD, LISA 6000 KINGSWOOD DRIVE MILTON, FL 32570	
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**DO NOT WRITE
IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIFFORD, LISA 6000 MILTON MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOWELL, SHARON PO BOX 897 MILTON, FL 32572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SISSON, JOANN 4750 BELANDVILLE ROAD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COTTON, CINDY 4937 HAMILTON BRIDGE ROAD MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, BILL 6225 ROBINHOOD DRIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PADGETT, MARY 5819 CHISM TRAIL MILTON, FL 32570

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02/14/05-80055-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Lisa M. Gifford</i>	Date: 1-27-05	Daytime Phone #: (850) 516-7733
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