

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **760278** (2)

1. Corporation Name

**SANTA ROSA ATHLETIC ASSOCIATION, INC.**

Principal Place of Business

**8017 ARNIES WAY  
MILTON FL 32570**

Mailing Address

**P.O. BOX 293  
MILTON FL 32570**



3. Date Incorporated or Qualified  
**10/05/1981**

3a. Date of Last Report  
**07/17/1995**

2. Principal Place of Business

2a. Mailing Address

**21 6809 Lonesome Pine Ln.**  
Suite, Apt. #, etc.

**26 P.O. Box 293**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23 Milton, FL**  
Zip

**28 Milton, FL**  
Zip

**24 32570**

**25 Santa Rosa**

**29 32570**

**30 Santa Rosa**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HINDALL, WILLIAM KEITH**  
**8017 ARNIES WAY**  
**MILTON FL 32570**

*Bill SESCO -*  
*6809 Lonesome Pine Ln.*  
*Milton, FL 32570*

**81** Name

**William SESCO**

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

**6809 Lonesome Pine Ln.**

**83**

**Milton, FL**

**84** City

**Milton, FL**

**FL**

**85** Zip Code  
**32570**

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

*Bill SESCO*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE** PD  
**NAME** HINDALL, WILLIAM K  
**STREET ADDRESS** 8017 ARNIES WAY  
**CITY-ST-ZIP** MILTON FL 32570 ☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

**William SESCO**

**6809 Lonesome Pine Ln.**

**Milton, FL 32570**

☐ Change ☐ Addition

**TITLE** VPD  
**NAME** BOSHER, WAYNE  
**STREET ADDRESS** 8017 ARNIES WAY  
**CITY-ST-ZIP** MILTON FL 32570 ☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPD

**Greg Sanford**

**109 Cedar St.**

**Milton, FL**

☐ Change ☐ Addition

**TITLE** SD  
**NAME** CAULKINS, CHERYL  
**STREET ADDRESS** 901 COLLEGE  
**CITY-ST-ZIP** MILTON FL 32570 ☒ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD

**Mary Ann Ketchum**

**4089 Popcorn Rd.**

**Milton, FL 32583**

☐ Change ☐ Addition

**TITLE** TD  
**NAME** NORRIS, BETTY JO  
**STREET ADDRESS** 5548 CYANAMID RD.  
**CITY-ST-ZIP** MILTON FL 32583 ☒ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD

**Shawn Doremire**

**5728 Falcon Dr.**

**Milton, FL 32570**

☐ Change ☐ Addition

**TITLE** C  
**NAME** HARDY, SHANNON E  
**STREET ADDRESS** 103-B MUNSON HWY  
**CITY-ST-ZIP** MILTON FL 32583 ☒ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

C

**Milton, FL 32570**

☐ Change ☐ Addition

**TITLE** D  
**NAME** ELLIOTT, CINDY  
**STREET ADDRESS** 6025 ARNIES WAY  
**CITY-ST-ZIP** MILTON FL 32570 ☒ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

**Milton, FL 32570**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Bill SESCO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)