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Mar 14 1997 8:00am
Secretary of State

NONPROFIT, CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 740278 1. Corporation Name Santa Rosa Athletic Association, INC.			
Principal Place of Business 6809 Lonsome Pine Ln Milton, FL 32570 US		Mailing Address P.O. Box 293 Milton, FL 32572-0293 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/05/1981		3a. Date of Last Report 7/08/1996	
4. FEI Number 59-2155021		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent Sesco, William 3809 Lonsome Pine Ln Milton, FL 32570		10. Name and Address of New Registered Agent 81 Name Jana M. Mosley 82 Street Address (P.O. Box Number is Not Acceptable) 5038 Jeffery Rd. 83 84 City Milton 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 Jana M. Mosley Jana M. Mosley Treasurer 3.1.97 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 ☐ DELETE NAME PD SESCO, William STREET ADDRESS 6809 Lonsome Pine Ln CITY-ST-ZIP Milton, FL 32570		1.1 TITLE ☐ Change ☒ Addition Vice President - Director 1.2 NAME Teresa Williams 1.3 STREET ADDRESS 11 Cedar St. 1.4 CITY-ST-ZIP Milton, FL	
TITLE ☒ DELETE NAME SD Ketchum, Mary Ann STREET ADDRESS 4089 Popcorn Road CITY-ST-ZIP Milton, FL 32570		2.1 TITLE ☐ Change ☒ Addition Treasurer - Director 2.2 NAME Jana M. Mosley 2.3 STREET ADDRESS 5038 Jeffery Rd. 2.4 CITY-ST-ZIP Milton, FL 32570	
TITLE ☒ DELETE NAME TD Doremire, Shawn STREET ADDRESS 5728 Falcon Dr. CITY-ST-ZIP Milton, FL 32570		3.1 TITLE ☐ Change ☒ Addition Secretary - Director 3.2 NAME Dianne Tremont 3.3 STREET ADDRESS 5898 Cedar Tree Dr. 3.4 CITY-ST-ZIP Milton, FL 32570	
TITLE ☒ DELETE NAME C Hardy, Shannon E. STREET ADDRESS 103-B Munson Hwy CITY-ST-ZIP Milton, FL 32583		4.1 TITLE ☐ Change ☒ Addition Commissioner - Director 4.2 NAME Parla Robertson 4.3 STREET ADDRESS 6653 Ski Lane 4.4 CITY-ST-ZIP Milton, FL	
TITLE ☒ DELETE NAME D Elliott, Cindy STREET ADDRESS 6025 Arnies Way CITY-ST-ZIP Milton, FL 32570		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 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: **Jana M. Mosley** **Jana M. Mosley** **3.1.97** **(904) 476-4849**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)