

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768252

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** SANTA ROSA BAPTIST ASSOCIATION, INC.

**Current Principal Place of Business:**

6820 HIGHWAY 87, NORTH  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

6820 HIGHWAY 87, NORTH  
MILTON, FL 32570 US

**New Mailing Address:**

**FEI Number:** 59-2348612      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALLACE, BILL  
6225 ROBIN HOOD ROAD  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SMITH, ROBERT  
Address: 5579 STEWART STREET  
City-St-Zip: MILTON, FL 32570

Title: VD  
Name: FISHER, F. M. (BUBBA)  
Address: 144 ERUDITION AVENUE  
City-St-Zip: MILTON, FL

Title: SD  
Name: WALLACE, BILL  
Address: 6225 ROBIN HOOD ROAD  
City-St-Zip: MILTON, FL 32570

Title: TD  
Name: PARKER, CLIFFORD  
Address: 6750 SUMMIT DR.  
City-St-Zip: MILTON, FL

Title: D  
Name: LUNSFORD, FERREN  
Address: 3936 RANCH RD.  
City-St-Zip: PACE, FL 32571

Title: D  
Name: LAIRD, NORMAN  
Address: 6451 BAXLEY ROAD  
City-St-Zip: MILTON, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BILL WALLACE

SD

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date