# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

**APPROVED AND FILED**
95 FEB 28 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # L35571** (3)

1. Corporation Name
**FRIENDS OF SANTA ROSA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| WALTER E. BLESSEY JR<br>P O BOX 23212<br>~~DESTIN FL 32541~~<br>US | C/O WALTER E. BLESSEY, JR<br>P O BOX 23212<br>HARAHAN LA 70183<br>US |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/06/1989 | 3a. Date of Last Report: 06/01/1994 |
| 4. FEI Number: 59-2998805 | 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 |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 C/O WALTER E. BLESSEY, JR. | 26 |
| Suite, Apt. #, etc.<br>22 P.O. BOX 23212 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 HARAHAN, LA. 70183 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

WALLACE, W. WADE PA
5190 HWY 98 E
SUITE 28
DESTIN FL 32541

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BLESSEY, WALTER E. JR | 1.2 NAME | |
| STREET ADDRESS | 314A HIGLAND AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DESTIN FL | 1.4 CITY-ST-ZIP | |
| TITLE | DST | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CANNON, JOE | 2.2 NAME | |
| STREET ADDRESS | 4208 MILHAVEN DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BIRMINGHAM AL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOLOMON, JOHN | 3.2 NAME | |
| STREET ADDRESS | 403 N CHEROKEE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DOTHAN AL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | CHURCH, BETTY | 4.2 NAME | |
| STREET ADDRESS | 601 PIEDMONT DR | 4.3 STREET ADDRESS | STATION BAY POINT (N/A) |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | P.O. BOX 27633<br>PANAMA CITY, FL |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | THOMSON, DON | 5.2 NAME | |
| STREET ADDRESS | 6515 SPRING VALLEY RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0478118 FP