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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **L35571** **(3)**

1. Corporate Name

**FRIENDS OF SANTA ROSA, INC.**

Principal Place of Business

**C/O WALTER E. BLESSEY, JR**
**P O BOX 23212**
**HARAHAN LA 70183**
**US**

Mailing Address

**C/O WALTER E. BLESSEY, JR**
**P O BOX 23212**
**HARAHAN LA 70183**
**US**

2. Principal Place of Business
21
Street Address, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **12/06/1989**

3a. Date of Last Report: **02/28/1995**

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

9. Name and Address of Current Registered Agent

**WALLACE, W. WADE PA**
**5160 HWY 98 E**
**SUITE 26**
**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 Section 607.0502 and 607.1403, 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. The 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| Title | PD | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 4.1 TITLE ☐ Change ☐ Addition |
| Name | CHURCH, BETTY | | 4.2 NAME |
| Street Address | STATION BAY POINT, P O BOX 27633 N/A | | 4.3 STREET ADDRESS |
| City, St, Zip | PANAMA CITY FL | | 4.4 CITY, ST, ZIP |
| Title | D | ☐ DELETE | 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 | | ☐ DELETE | 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 hereby certify that the information supplied with this filing is accurate, 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 added to the report with an address.

**SIGNATURE:** *Walter E. Blessey Jr.* **1/16/96** **504-734-1156**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)