


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90027 017 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N00000008293</b><br>1. Entity Name<br><b>SANTA ROSA COMMUNITY CLINIC, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>5520 STEWART ST<br/>MILTON, FL 32570</b>   |   |   | Mailing Address<br><b>5520 STEWART ST<br/>MILTON, FL 32570</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  | 07302007    Chg-NP    CR2E037 (12/06)  |  |
| Zip  |   | Country   |  | 4. FEI Number<br><b>31-1746599</b>   |  |
| City & State   |   | City & State  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TURNER, DON<br/>5520 STEWART ST<br/>MILTON, FL 32570</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |   |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>PORTER, JOHN<br>P.O.BOX 17500<br>PENSACOLA, FL 32522     | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>HAYES, KAREN<br>8383 N. DAVIS HWY.<br>PENSACOLA, FL 32514 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>SADRO, CHERYL<br>5151 N NINTH AVE<br>PENSACOLA, FL 32504  | <input checked="" type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SUTTON, E.W.<br>6745 TRANNEL DR<br>MILTON, FL 32570       | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BURNS, KAY<br>6002 BERRYHILL RD<br>MILTON, FL 32570        | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>ELMORE, Buddy<br>5151 N. Ninth AVE<br>PENSACOLA FL 32504  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SUTTON, E.W.<br>6745 TRANNEL DR<br>MILTON, FL 32570       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BURNS, KAY<br>6002 BERRYHILL RD<br>MILTON, FL 32570        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BURNS, KAY<br>6002 BERRYHILL RD<br>MILTON, FL 32570        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |  |  |
| <b>SIGNATURE:</b> <u>Don Turner</u> <u>DON TURNER</u>  |   | Date: <u>7/30/07</u>  |  | Daytime Phone #: <u>850 472 0053</u>   |  |