

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000001

1. Entity Name
THE SANTA ROSA ISLAND TRIATHLON, INC.



Principal Place of Business
3601 MAULE ROAD
PENSACOLA, FL 32503

Mailing Address
3601 MAULE ROAD
PENSACOLA, FL 32503



03012004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3703661

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, ANN
3601 MAULE ROAD
PENSACOLA, FL 32503

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when amending)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNIGHT, ANN M
STREET ADDRESS	3601 MAULE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	KNIGHT, CHARLES H
STREET ADDRESS	3601 MAULE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	MALIN, JANE
STREET ADDRESS	2813 LANGLEY AVENUE #115
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	O
NAME	MILLER, SALLY T
STREET ADDRESS	1914 LODGPOLE DRIVE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	O
NAME	HICKMAN, CHRISTOPHER E
STREET ADDRESS	3535 ROTHSCHILD DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/04-80009-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: E Jane Malin (E JANE MALIN) Date: 3-2-04 Daytime Phone #: 830-932-2257