


# ANNUAL REPORT (AR)

<b>DOCUMENT # N02000001632</b> 1. Entity Name <b>FIRST SANTA ROSA COMMUNITY DEVELOPMENT COALITION, INC.</b>			
Principal Place of Business P.O. BOX 3604 MILTON FL 32570		Mailing Address P.O. BOX 3604 MILTON FL 32570	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>HOLMES, PAMELA R                  5449 CAMILLE GARDEN CIRCLE                  MILTON FL 32570</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City	

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**



MOORE CR2E037 (11/03)

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: *Charles R. Holmes* DATE: 2-27-04

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</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 Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C HAMILTON, MURRAY 4244 BURBANK DR MILTON FL 32583	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000084032 03/10/04-80063-008 61.25
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	Delete <input type="checkbox"/>	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	Delete <input type="checkbox"/>	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	Delete <input type="checkbox"/>	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marlene Collins* DATE: 03/08/04 (850) 626-9870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR