

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90120 019 ****61.25

UNUS20

DOCUMENT # N02000001632

1. Entity Name
FIRST SANTA ROSA COMMUNITY DEVELOPMENT COALITION, INC.



Principal Place of Business Mailing Address
P.O. BOX 3604 **P.O. BOX 3604**
MILTON FL 32570 **MILTON FL 32570**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HOLMES, PAMELA R
5449 CAMILLE GARDEN CIRCLE
MILTON FL 32570

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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: *Pamela R. Holmes* DATE: **8/04/03**

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	HAMILTON, MURRAY	
STREET ADDRESS	4244 BURBANK DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	C	<input type="checkbox"/> Delete
NAME	WHITE, JAMES L	
STREET ADDRESS	8135 JAIME DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHITE, DELSIA H	
STREET ADDRESS	8135 JAIME DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLINS, MARLENE	
STREET ADDRESS	6722 JASMINE ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **8/4/03** **(850) 626-7870**

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

CR2E037 (4/03)