2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N03000001653

Entity Name: SANTA ROSA ARTS AND CULTURE FOUNDATION, INC.

Current Principal Place of Business:

5188 ESCAMBIA ST.
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 604
BAGDAD, FL 32530

New Mailing Address:

5188 ESCAMBIA ST.
MILTON, FL 32570

FEI Number: 56-2363457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYROM, JENNIFER
5177 ELMIRA ST.
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CUMMINGS, JERRY C	
Address:	5334 KENNETH RD	
City-St-Zip:	MILTON, FL 32583	
Title:	VP	( ) Delete
Name:	D'ASARO, PATRICIA	
Address:	P.O. BOX 507	
City-St-Zip:	BAGDAD, FL 32530	
Title:	S	( ) Delete
Name:	HOLLEY, SHARON	
Address:	5856 LOCUST ST	
City-St-Zip:	MILTON, FL 32570	
Title:	T	( ) Delete
Name:	NELMS, SUSAN	
Address:	4455 DANDY DRIVE	
City-St-Zip:	PACE, FL 32571	
Title:	D	( ) Delete
Name:	DEMPSEY, JANICE	
Address:	8771 HICKORY HAMMOCK RD	
City-St-Zip:	MILTON, FL 32583	
Title:	D	( ) Delete
Name:	BALDWIN, MARGIE	
Address:	5326 MORGAN DRIVE	
City-St-Zip:	MILTON, FL 32570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	KRISS, CLAUDINE	
Address:	4311 BAYOU BLVD M-130	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	T	(X) Change ( ) Addition
Name:	SCOTT, ANN	
Address:	5154 WILLING STREET	
City-St-Zip:	MILTON, FL 32570	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY C. CUMMINGS P 03/31/2009

Electronic Signature of Signing Officer or Director — Date