

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008107

FILED
Mar 31, 2009
Secretary of State

Entity Name: SANTA ROSA KID'S HOUSE, INC.

Current Principal Place of Business:

25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Principal Place of Business:

5643 STEWART STREET
MILTON, FL 32570

Current Mailing Address:

25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Mailing Address:

5643 STEWART STREET
MILTON, FL 32570

FEI Number: 20-1524354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

ANDREWS, ROY
5218 WILLING STREET
MILTON, FL 32570 US

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: ROY ANDREWS

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOORE, ANGELA
Address: 14 TRISTAN WAY
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: COOK-COWEN, KAREN
Address: 731 PENSACOLA BEACH BLVD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: SHIRAH, HENRY III
Address: 5755 E MILTON ROAD
City-St-Zip: MILTON, FL 325727129

Title: D () Delete
Name: LIO, PAUL
Address: 5755 E MILTON ROAD
City-St-Zip: MILTON, FL 325727129

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOORE, ANGELA
Address: 5643 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: D (X) Change () Addition
Name: COOK-COWEN, KAREN
Address: 5643 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: D (X) Change () Addition
Name: HALL, WENDELL
Address: 5643 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: D (X) Change () Addition
Name: EDDINS, LISA
Address: 5643 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: D () Change (X) Addition
Name: CRAWLEY, JAMIE
Address: 5643 STEWART STREET
City-St-Zip: MILTON, FL 32570

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: JAMIE CRAWLEY

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date