

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009807

FILED
Jan 04, 2008
Secretary of State

Entity Name: SANTA ROSA COUNTY EXPLORER POST 483, INC.

Current Principal Place of Business:

5755 EAST MILTON ROAD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 7129
MILTON, FL 32572

New Mailing Address:

FEI Number: 27-0098586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, MARC G
5755 EAST MILTON ROAD
MILTON, FL 32583 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: D () Delete
Name: HAYES, MARC G
Address: 5755 EAST MILTON ROAD
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: WARD, DANIEL
Address: 5755 EAST MILTON ROAD
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: BUZBEE, TAMMY L
Address: 5755 EAST MILTON ROAD
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: BRISTOL, PETER B
Address: 5755 EAST MILTON ROAD
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: HOLBROOK, MARSHALL E
Address: 5755 EAST MILTON ROAD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARC HAYES

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date