

# 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