2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N07000000201

Entity Name: SANTA ROSA TAXPAYERS, INC.

Current Principal Place of Business:

4519 HWY 90
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4519 HWY 90
PACE, FL 32571

New Mailing Address:

FEI Number: 20-8230349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, DAN ESQ.
4519 HWY 90
PACE, FL 32571 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: BENNETT, JERRY
Address: 4281 HWY 90
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: COTTON, MARK
Address: 4545 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: FORTUNE, EDMOND
Address: 4971 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: KILPATRICK, RON
Address: 4240 BERRYHILL RD.
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: KAUFMANN, SCOTT
Address: 7512 LAKESIDE DR.
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: LOCKLIN, MARK
Address: 9125 BYROM CAMPBELL
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: BENNETT, JERRY
Address: 4281 HWY 90
City-St-Zip: PACE, FL 32571

Title: DVP (X) Change ( ) Addition
Name: COTTON, MARK
Address: 4545 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

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

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

Title: DP (X) Change ( ) Addition
Name: MILLER, DAVID
Address: 6217 WEEKLY STREET
City-St-Zip: MILTON, FL 32570

Title: DS (X) Change ( ) Addition
Name: LOCKLIN, MARK
Address: 9125 BYROM CAMPBELL
City-St-Zip: PACE, FL 32571

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 BENNETT DS 04/18/2008

Electronic Signature of Signing Officer or Director — Date