

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000201

FILED  
Feb 23, 2010  
Secretary of State

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: DT  
Name: BENNETT, JERRY  
Address: 4281 HWY 90  
City-St-Zip: PACE, FL 32571

Title: DVP  
Name: COTTON, MARK  
Address: 4545 CHUMUCKLA HWY  
City-St-Zip: PACE, FL 32571

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

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

Title: DP  
Name: MILLER, DAVID  
Address: 6217 WEEKLY STREET  
City-St-Zip: MILTON, FL 32570

Title: DS  
Name: LOCKLIN, MARK  
Address: 9125 BYROM CAMPBELL  
City-St-Zip: PACE, FL 32571

I hereby 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 all other like empowered.

SIGNATURE: JERRY BENNETT

DT

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date