

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008961

FILED  
Aug 27, 2009  
Secretary of State

Entity Name: SANTA ROSA YOUNG PROFESSIONALS, INC.

**Current Principal Place of Business:**

4063 AVALON BLVD  
SUITE A  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 728  
MILTON, FL 32572

**New Mailing Address:**

FEI Number: 26-4231993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMSON, RYUN J  
5653 DERBY DRIVE  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: WILLIAMSON, JAYER  
Address: 5649 DERBY DRIVE  
City-St-Zip: PACE, FL 32571 US

Title: PE ( ) Change (X) Addition  
Name: HARDGRAVE, DREW  
Address: 6030 HILBURN ROAD, #311  
City-St-Zip: PENSACOLA, FL 32504 US

Title: VP ( ) Change (X) Addition  
Name: SABA, DANIEL  
Address: 4557 CHUMUCKLA HIGHWAY  
City-St-Zip: PACE, FL 32571 US

Title: T ( ) Change (X) Addition  
Name: BROXSON, LEDA  
Address: 9100 ORLANDO AVENUE  
City-St-Zip: NAVARRE, FL 32566 US

Title: S ( ) Change (X) Addition  
Name: DEZARN, KENDRA  
Address: 5624 SANDSTONE DRIVE  
City-St-Zip: PACE, FL 32571 US

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: DANIEL P. SABA

VP

08/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date