FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08347 (9)

1. Corporation Name

SANTA ROSA PROFESSIONAL EDUCATORS, INC.

Principal Place of Business	Mailing Address
301 SANTA ROSA STREET MILTON FL 32570-6772	301 SANTA ROSA STREET MILTON FL 32570-6772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1985
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1633164 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SULCER, PAMELA
907 HAMILTON BRIDGE RD
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name: LINZY, Mary Jim
82 Street Address (P.O. Box Number is Not Acceptable): 405 W. First Avenue
83
84 City: Jay FL 85 Zip Code: 32565

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary Jim Linzy 4-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	DP ☐ Change ☐ Addition
NAME	CONKLIN, GAYLE	12 NAME	LINZY, MARY JIM
STREET ADDRESS	106 ELMIRA ST	13 STREET ADDRESS	405 W. FIRST AVENUE
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	JAY, FL. 32565
TITLE	D	21 TITLE	DV ☐ Change ☐ Addition
NAME	PARKER, SHIRLEY	22 NAME	McKENZIE, RICHARD
STREET ADDRESS	7508 JOHNSON RD	23 STREET ADDRESS	417 EASTER STREET
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP	PACE, FL, 32571
TITLE	DP	31 TITLE	DS ☐ Change ☐ Addition
NAME	SULCER, PAMELA	32 NAME	PONDER, LOUISE
STREET ADDRESS	907 HAMILTON BRIDGE RD	33 STREET ADDRESS	807 CHUMUCKLA HIGHWAY
CITY-ST-ZIP	MILTON FL	34 CITY-ST-ZIP	MILTON, FL. 32571
TITLE	DS	41 TITLE	DT ☐ Change ☐ Addition
NAME	PONDER, LOUISE	42 NAME	STEELE, DEWITT C., JR.
STREET ADDRESS	807 CHUMUCKLA HWY	43 STREET ADDRESS	1502 RIVERS STREET
CITY-ST-ZIP	MILTON FL	44 CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	DT	51 TITLE	D ☐ Change ☐ Addition
NAME	STEELE, DEWITT C JR	52 NAME	RICHARDSON, JEAN S.
STREET ADDRESS	1502 RIVERS ST	53 STREET ADDRESS	1608 E. SCOTT STREET
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	PENSACOLA, FL. 32503
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	RITCHIE, LINDA	62 NAME	STEWART, MARY
STREET ADDRESS	7637 NORTHPOINTE DR	63 STREET ADDRESS	6005 ARNIES WAY
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	MILTON, FL. 32570

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY JIM LINZY
PRESIDENT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95 904-623-5877
Date Daytime Phone #