

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08347 (9)**
1. Corporation Name
SANTA ROSA PROFESSIONAL EDUCATORS, INC.



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

3. Date Incorporated or Qualified: **03/25/1985**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **59-1633164**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**LINZY, MARY J
405 W FIRST AVENUE
JAY FL 32565**

10. Name and Address of New Registered Agent
**81 Name: CONKLIN, GAYLE
82 Street Address (P.O. Box Number is Not Acceptable): 139 Forest St.
83
84 City: Seaside FL 85 Zip Code: 32459**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Gayle Conklin* DATE: **3-19-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP <input checked="" type="checkbox"/> DELETE	NAME: LINZY, MARY J	1.1 TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 405 W FIRST AVENUE	CITY-ST-ZIP: JAY FL	1.2 NAME: CONKLIN, GAYLE
TITLE: DV <input checked="" type="checkbox"/> DELETE	NAME: MCKENZIE, RICHARD	1.3 STREET ADDRESS: 139 FOREST ST.
STREET ADDRESS: 417 EASTER STREET	CITY-ST-ZIP: PACE FL	1.4 CITY-ST-ZIP: SEASIDE, FL 32459
TITLE: DS <input type="checkbox"/> DELETE	NAME: PONDER, LOUISE	2.1 TITLE: DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 807 CHUMUCKLA HIGHWAY	CITY-ST-ZIP: MILTON FL	2.2 NAME: JONES, SUSAN H.
TITLE: DT <input type="checkbox"/> DELETE	NAME: STEELE, DEWITT C JR.	2.3 STREET ADDRESS: 4951 WINNING WAY
STREET ADDRESS: 1502 RIVERS STREET	CITY-ST-ZIP: PENSACOLA FL	2.4 CITY-ST-ZIP: MILTON, FL 32570
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: RICHARDSON, JEAN S	3.1 TITLE: DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1608 E. SCOTT STREET	CITY-ST-ZIP: PENSACOLA FL	3.2 NAME: PONDER, LOUISE
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: STEWART, MARY	3.3 STREET ADDRESS: 807 CHUMUCKLA HWY.
STREET ADDRESS: 6005 ARNIES WAY	CITY-ST-ZIP: MILTON FL	3.4 CITY-ST-ZIP: MILTON, FL 32571
		4.1 TITLE: DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME: STEELE, DEWITT C., JR.
		4.3 STREET ADDRESS: 1502 RIVERS ST.
		4.4 CITY-ST-ZIP: PENSACOLA, FL 32514
		5.1 TITLE: d <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME: WILLIAMS, DAISY
		5.3 STREET ADDRESS: 6237 GLENDALE DR.
		5.4 CITY-ST-ZIP: MILTON, FL 32570
		6.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME: SULCER, PAMELA
		6.3 STREET ADDRESS: 5453 OAKSHIRE RD
		6.4 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)(k), 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: **GAYLE CONKLIN** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Gayle Conklin*
DATE: **3-19-96** DAYTIME PHONE #: **904-623-5877**

CR2E037 (12/95)