

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

Mailing Address

301 SANTA ROSA STREET
MILTON FL 32570-6772

301 SANTA ROSA STREET
MILTON FL 32570-6772

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/25/1985

3a. Date of Last Report

04/06/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

LINZY, MARY J
405 W FIRST AVENUE
JAY FL 32565

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

3-19-96

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LINZY, MARY J	
STREET ADDRESS	405 W FIRST AVENUE	
CITY-ST-ZIP	JAY FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MCKENZIE, RICHARD	
STREET ADDRESS	417 EASTER STREET	
CITY-ST-ZIP	PACE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PONDER, LOUISE	
STREET ADDRESS	807 CHUMUCKLA HIGHWAY	
CITY-ST-ZIP	MILTON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STEELE, DEWITT C JR.	
STREET ADDRESS	1502 RIVERS STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, JEAN S	
STREET ADDRESS	1608 E. SCOTT STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, MARY	
STREET ADDRESS	6005 ARNIES WAY	
CITY-ST-ZIP	MILTON FL	

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CONKLIN, GAYLE	
13 STREET ADDRESS	139 FOREST ST.	
14 CITY-ST-ZIP	SEASIDE, FL 32459	
21 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JONES, SUSAN H.	
23 STREET ADDRESS	4951 WINNING WAY	
24 CITY-ST-ZIP	MILTON, FL 32570	
31 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PONDER, LOUISE	
33 STREET ADDRESS	807 CHUMUCKLA HWY.	
34 CITY-ST-ZIP	MILTON, FL 32571	
41 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STEELE, DEWITT C., JR.	
43 STREET ADDRESS	1502 RIVERS ST.	
44 CITY-ST-ZIP	PENSACOLA, FL 32514	
51 TITLE	d	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	WILLIAMS, DAISY	
53 STREET ADDRESS	6237 GLENDALE DR.	
54 CITY-ST-ZIP	MILTON, FL 32570	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	SULCER, PAMELA	
63 STREET ADDRESS	5453 OAKSHIRE RD	
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)(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

904-623-5877

Date

Daytime Phone #

CR2E037 (12/95)