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Apr 15 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08347 (9)**  
 1. Corporation Name  
**SANTA ROSA PROFESSIONAL EDUCATORS, INC.**



Principal Place of Business <b>301 SANTA ROSA STREET MILTON FL 32570-6772</b>	Mailing Address <b>301 SANTA ROSA STREET MILTON FL 32570-6772</b>
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3. Date Incorporated or Qualified <b>03/25/1985</b>	3a. Date of Last Report <b>03/25/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-1633164</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>  <b>CONKLIN, GAYLE</b> <b>139 FOREST ST</b> <b>SEASIDE FL 32459</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name <b>CONKLIN, GAYLE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>139 Forest St.</b> 83 84 City <b>Seaside</b> <b>FL</b> 85 Zip Code <b>32459</b>
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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* (NOTE: Registered Agent signature required when reinstating) DATE 4-8-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, GAYLE	1.2 NAME	CONKLIN, GAYLE
STREET ADDRESS	139 FOREST ST	1.3 STREET ADDRESS	139 FOREST ST.
CITY-ST-ZIP	SEASIDE FL	1.4 CITY-ST-ZIP	SEASIDE, FL 32459
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SUSAN H	2.2 NAME	BRUNN, Valarie J.
STREET ADDRESS	4951 WINNING WAY	2.3 STREET ADDRESS	4435 ELSIE LANE
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	MILTON, FL 32583
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONDER, LOUISE	3.2 NAME	PONDER, LOUISE
STREET ADDRESS	807 CHUMUCKLA HIGHWAY	3.3 STREET ADDRESS	807 CHUMUCKLA HWY.
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	MILTON, FL 32571
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, DEWITT C JR.	4.2 NAME	MCGINN, KATHLEEN F.
STREET ADDRESS	1502 RIVERS STREET	4.3 STREET ADDRESS	3451 PINETREE CT.
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PACE, FL 32571
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAISY	5.2 NAME	RICH, PAULETTA
STREET ADDRESS	6237 GLENDALE DR.	5.3 STREET ADDRESS	5064 PERSIMMON HOLLOW RD.
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	MILTON, FL 32583
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULCER, PAMELA	6.2 NAME	SULCER, PAMELA
STREET ADDRESS	5453 OAKSHIRE RD	6.3 STREET ADDRESS	5453 OAKSHIRE RD
CITY-ST-ZIP	MILTON FL	6.4 CITY-ST-ZIP	MILTON, FL 32570

14. I do hereby certify that the information supplied with this filing 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.

GAYLE CONKLIN *Gayle Conklin* 904-623-5877

CR2E037 (9/96)