


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90082 013 ****61.25

0079601

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08347					
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		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/25/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1633164	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GANDY, WILLIAM H 1201 GANDYVILLE RD CENTURY FL 32535				10. Name and Address of New Registered Agent			
				81 Name GANDY, WILLIAM H.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1201 GANDYVILLE RD.			
				83			
				84 City CENTURY			
				85 Zip Code FL 32535			

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 William H. Gandy (NOTE: Registered Agent signature required when reinstating) DATE 3-15-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE DP <input type="checkbox"/> DELETE				11 TITLE DP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME GANDY, WILLIAM H				12 NAME GANDY, WILLIAM H.			
STREET ADDRESS 1201 GANDYVILLE RD				13 STREET ADDRESS 1201 GANDYVILLE RD.,			
CITY-ST-ZIP CENTURY FL 32535				14 CITY-ST-ZIP CENTURY, FL 32535			
TITLE DV <input checked="" type="checkbox"/> DELETE				21 TITLE DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SULCER, PAMELA				22 NAME KATHLEEN CROSSWELL			
STREET ADDRESS 5453 OAKSHIRE RD				23 STREET ADDRESS 805 SUNNYSIDE DR.			
CITY-ST-ZIP MILTON FL 32570				24 CITY-ST-ZIP MILTON, FL 32570			
TITLE DS <input type="checkbox"/> DELETE				31 TITLE DS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BROWN, BARBARA C				32 NAME BARBARA BROWN			
STREET ADDRESS 5769 TRULUCK DR				33 STREET ADDRESS 5769 TRULUCK DR.			
CITY-ST-ZIP MILTON FL 32570				34 CITY-ST-ZIP MILTON, FL 32570			
TITLE DT <input type="checkbox"/> DELETE				41 TITLE DT <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SHEFFIELD, BEVERLY				42 NAME BEVERLY SHEFFIELD			
STREET ADDRESS 4569 FORSYTHE STREET				43 STREET ADDRESS 4569 FORSYTHE ST			
CITY-ST-ZIP BAGDAD FL 32530				44 CITY-ST-ZIP BAGDAD, FL 32530			
TITLE D <input type="checkbox"/> DELETE				51 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME SHELTON, STEPHANIE				52 NAME STEPHANIE SHELTON			
STREET ADDRESS 7421 DILCY CIR				53 STREET ADDRESS 7421 DILCY CR.			
CITY-ST-ZIP MILTON FL 32583				54 CITY-ST-ZIP MILTON, FL 32583			
TITLE D <input type="checkbox"/> DELETE				61 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME COON, ALICIA				62 NAME ALICIA COON			
STREET ADDRESS 5348 JEREMY DR				63 STREET ADDRESS 5348 JEREMY DR.			
CITY-ST-ZIP MILTON FL 32570				64 CITY-ST-ZIP MILTON, FL 32570			

14. I 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, with all other like empowered.

SIGNATURE: WILLIAM H. GANDY William H. Gandy 3-15-99 850-623-5877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)