


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N08347 1. Entity Name SANTA ROSA PROFESSIONAL EDUCATORS, INC.	
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Principal Place of Business 5154 SANTA ROSA STREET MILTON, FL 32570-6772	Mailing Address 5154 SANTA ROSA STREET MILTON, FL 32570-6772
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04082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1633164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GANDY, WILLIAM H 1201 GANDYVILLE RD CENTURY, FL 32535
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <u>William H. Gandy, Sr</u> <small>Signature, typed or printed name of registered agent and if applicable</small>	<u>[President]</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>April 7, 2004</u> <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000112824 04/14/04-80039-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GANDY, WILLIAM H SR 1201 GANDYVILLE RD CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SHEFFIELD, BEVERLY 4569 FORSYTH ST BAGDAD, FL 32530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CHAVERS, RHONDA 6308 FAIRFIELD DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CROSSWELL, KATHLEEN 6365 SUNNYSIDE DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIBSON, GLORIA 5664 NICKLAUS LN MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, MICHAEL O 5664 NICKLAUS LANE MILTON, FL 32570

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>William H. Gandy, Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>[President]</u>	<u>Apr. 17, 2004</u> <u>850-623-5877</u> <small>Date Daytime Phone #</small>