2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

ANNUAL REPORT

SIGNATURE: William H. Gand

04-22-2005 90294 008 ****61.25 DOCUMENT # N08347 SANTA ROSA PROFESSIONAL EDUCATORS, INC. Mailing Address Principal Place of Business 20042493 5154 SANTA ROSA STREET 5154 SANTA ROSA STREET MILTON, FL 32570-6772 MILTON, FL 32570-6772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Cha-NP CR2E037 (10/03) Applied For 4. FEI Number City & State City & State 59-1633164 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GANDY, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 1201 GANDYVILLE RD CENTURY, FL 32535 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition GANDY, WILLIAM H SR NAME NAME 1201 GANDYVILLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CENTURY, FL 32535 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition SHEFFIELD, BEVERLY NAME NAME 4569 FORSYTH ST STREET ADDRESS STREET ADDRESS BAGDAD, FL 32530 CITY-ST-ZIP CITY-ST-ZIP DS Change Delete TITL F ☐ Addition Deanna Dunlap 3045 W. 9 Mile-Rd. CHAVERS, RHONDA NAME NAME STREET ADDRESS STREET ADDRESS 6308 FAIRFIELD DR Pensacola, FL 32534 MILTON, FL 32570 CITY-ST-ZIP CITY-ST-ZIP TITLE DT ☐ Delete TITLE Change ☐ Addition thieen M. Gilbert CROSSWELL, KATHLEEN NAME NAME 4429 Pine Villa Cr. 6365 SUNNYSIDE DR STREET ADDRESS STREET ADDRESS Pace FL 32571 MILTON, FL 32570 CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE ALanna Langham 4036 Fawndale Dr. GIBSON, GLORIA NAME NAME STREET ADDRESS 5664 NICKLAUS LN STREET ADDRESS MILTON, FL 32570 CITY-ST-ZIP CITY-ST-ZIP FL 32565 Change TITLE ☐ Delete TITLE ☐ Addition michael D. Baxley PHILLIPS, MICHAEL O NAME 5664 NICKLAUS LANE STREET ADDRESS STREET ADORESS MILTON, FL 32570 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.