

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 042 ****61.25

DOCUMENT # N08347 1. Entity Name SANTA ROSA PROFESSIONAL EDUCATORS, INC.					
Principal Place of Business 5154 SANTA ROSA STREET MILTON, FL 32570-6772			Mailing Address 5154 SANTA ROSA STREET MILTON, FL 32570-6772		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1633164	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHAVERS, RHONDA 6308 FAIRFIELD DRIVE MILTON, FL 32570				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>RHONDA CHAVERS-PRESIDENT</u> <i>Rhonda Chavers</i> 4-16-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAVERS, RHONDA 6308 FAIRFIELD DRIVE MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SULLIVAN, JAMES H 3521 PERDIDO LAKE RD. CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATRICK, MARK J. 8428 INDIAN FORD RD. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRAWFORD, SUSAN E 6937 JAVID RD. MILTON, FL 32583	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILBERT, KATHLEEN M. 4429 PINE VILLA CIRCLE PACE, FL 32571	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BODI, MARIE L. 1305 EVELIA LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JAMES M JR 6597 COLLEGE DR. MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, JESSICA 6166 CLEAR CREEK RD. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, MARK J 8428 INDIAN FORD RD. MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSER, KAREN 5801 MILLER BLUFF RD. MILTON, FL 32583
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>Rhonda Chavers</i></u> 4-16-08 850-623-5877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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