2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08347

Entity Name: SANTA ROSA PROFESSIONAL EDUCATORS, INC.

Current Principal Place of Business:

5154 SANTA ROSA STREET
MILTON, FL 325706772

New Principal Place of Business:

Current Mailing Address:

5154 SANTA ROSA STREET
MILTON, FL 325706772

New Mailing Address:

FEI Number: 59-1633164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAVERS, RHONDA
6308 FAIRFIELD DRIVE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	CHAVERS, RHONDA	
Address:	6308 FAIRFIELD DRIVE	
City-St-Zip:	MILTON, FL 32570	
Title:	DV	( ) Delete
Name:	PATRICK, MARK J	
Address:	8428 INDIAN FORD RD	
City-St-Zip:	MILTON, FL 32570	
Title:	DS	( ) Delete
Name:	CRAWFORD, SUSAN E	
Address:	6937 JAVID RD.	
City-St-Zip:	MILTON, FL 32583	
Title:	DT	( ) Delete
Name:	BODI, MARIE L	
Address:	1305 EVELIA LANE	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	D	( ) Delete
Name:	MATHEWS, JESSICA	
Address:	6166 CLEAR CREEK RD	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	HOUSE, KAREN	
Address:	5801 MILLER BLUFF RD	
City-St-Zip:	MILTON, FL 32583	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CARROLL, FREDA C	
Address:	5774 MELROSE DRIVE	
City-St-Zip:	MILTON, FL 32570	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA CHAVERS P 04/22/2009
Electronic Signature of Signing Officer or Director — Date