


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90004 033 *****61.25

DOCUMENT # N14961 1. Entity Name SANTA ROSA VETERAN'S ASSOCIATION FUND, INC.	
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Principal Place of Business 904 ANGIE LANE PACE FL 32571-9333 US	Mailing Address 904 ANGIE LANE PACE FL 32571-9333 US
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2. Principal Place of Business 4414 Angie Lane, Pace, FL 32571-9333	3. Mailing Address 4424 Angie Lane, Pace, FL 32571-9333
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pace, Florida	City & State Pace, Florida
Zip 32571-9333	Country Santa Rosa
Zip 32571-9333	Country USA



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent BARNES, JOHN T 904 ANGIE LANE PACE FL 32571-9333		7. Name and Address of New Registered Agent Name JOOH T. BARNES Street Address (P.O. Box Number is Not Acceptable) 4424 ANGIE LANE City PACE FL Zip Code 32571-9333	
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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 *John T. Barnes* February 6, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, NATHAN G. PO BOX 1156, N/A GULFBREEZE FL 32561 <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 STELZNER, PAUL D 5915 HOGANS ALLEY MILTON FL 32570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John A. Miller, Jr. 5512 Okaloosa Street Milton FL 32570-2241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BARNES, JOHN 904 ANGIE LANE MILTON FL 32571 <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	DST DANIELS, ROBERT W RTE 8 BOX 116 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	D PITTMAN, AMBER U L 5918 CARROL ROAD 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	D PENTON, LARRY LOCKLIN TECHNICAL CENTER 2216 BERRYHILL RD MILTON FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John T. Barnes* February 6, 2004 850-994-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #