

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14961

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** SANTA ROSA VETERAN'S ASSOCIATION FUND, INC.

**Current Principal Place of Business:**

5918 CARROLL ROAD  
MILTON, FL 32583 US

**New Principal Place of Business:**

**Current Mailing Address:**

5918 CARROLL ROAD  
MILTON, FL 32583 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIELS, ROBERT W  
5901 CARROLL ROAD  
MILTON, FL 32583 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: DC ( ) Delete  
Name: BARNES, JOHN  
Address: 904 ANGIE LAND  
City-St-Zip: PACE, FL 32571

Title: DV ( ) Delete  
Name: PITTMAN, AMBER UL  
Address: 6128 PATRICA AVENUE  
City-St-Zip: MILTON, FL 32570

Title: DST ( ) Delete  
Name: DANIELS, ROBERT W  
Address: 5901 CARROLL ROAD  
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete  
Name: LARSON, BURTON R  
Address: 4767 LANDMARK LANE  
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete  
Name: MCGUFFIN, JAMES W  
Address: 5918 CARROLL ROAD  
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete  
Name: PENTON, LARY  
Address: LOCKLIN TECHNICAL CENTER 2216 BERRYHILL RD  
City-St-Zip: MILTON, FL 32570

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT W. DANIELS

DIR

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date