

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

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91239 015 \*\*\*\*61.25

**DOCUMENT # N20398**

1. Entity Name  
**FAMILY RESOURCE PROGRAM OF SANTA ROSA, INC.**



Principal Place of Business      Mailing Address

**6827 CAROLINE ST  
MILTON FL 32570  
US**                                      **6827 CAROLINE ST  
MILTON FL 32570  
US**

0042044

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                                      City & State

Zip      Country                                      Zip      Country



MOORE      CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**RAY, BETTY  
6827 CAROLINE ST  
MILTON FL 32570**

7. Name and Address of New Registered Agent

Name **Sue Bollinger**

Street Address (P.O.: Box Number is Not Acceptable)  
**6827 Caroline Street**

City **Milton**      State **FL**      Zip Code **32570**

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 *Sue Bollinger*      DATE 5-19-04

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.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PDT	<input type="checkbox"/> Delete
NAME	<b>BOWMAN, LINDA</b>	
STREET ADDRESS	<b>6051 OLD BAGDAD HWY., ROOM 116</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>ARNOLD, BETTY</b>	
STREET ADDRESS	<b>6576 HWY. 90</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	<b>WHITE, ANNA</b>	
STREET ADDRESS	<b>7894 MALONE</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Anne K White*      Date 4-26-04      Daytime Phone # (850) 983-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #