



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90156 019 \*\*\*\*61.25

<b>DOCUMENT # N20398</b> 1. Entity Name <b>FAMILY RESOURCE PROGRAM OF SANTA ROSA, INC.</b>					
Principal Place of Business <b>6827 CAROLINE ST</b> <b>MILTON, FL 32570 US</b>			Mailing Address <b>6827 CAROLINE ST</b> <b>MILTON, FL 32570 US</b>		
2. Principal Place of Business <b>6769 Alice Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>4400 Bayou Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Milton, FL 32570</b>		City & State <b>Pensacola, FL 32503</b>			
4. FEI Number <b>59-2810379</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		03302005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent  <b>BOLLINGER, SUE</b> <b>6827 CAROLINE ST</b> <b>MILTON, FL 32570</b>			7. Name and Address of New Registered Agent Name <b>Linda Bowman</b> Street Address (P.O. Box Number is Not Acceptable) <b>5036 Guernsey Road</b>  City <b>Milton, FL</b> Zip Code <b>32571</b>		
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><i>Linda Bowman</i></u> <b>Linda Bowman, President BOD</b> <u>4-30-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <input type="checkbox"/> Delete <b>BOWMAN, LINDA</b> <b>6051 OLD BAGDAD HWY., ROOM 116</b> <b>MILTON, FL 32583</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bowman, Linda</b> <b>5036 Guernsey Rd.</b> <b>Milton, FL 32571</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete <b>ARNOLD, BETTY</b> <b>6576 HWY. 90</b> <b>MILTON, FL 32583</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT <input checked="" type="checkbox"/> Delete <b>WHITE, ANNA</b> <b>7894 MALONE</b> <b>MILTON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ray, Betty</b> <b>3189 Bobby Jones Rd.</b> <b>Pace, FL 32571</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jordan, Nancy</b> <b>9474 Navarre Parkway</b> <b>Navarre, FL 32566</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Pat Lunsford</b> <b>5325 Collins Dr.</b> <b>Milton, FL 32570</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Marjorie Whitmarsh</b> <b>6852 Caroline St., Ste. B</b> <b>Milton, FL 32570</b>	
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.					
<b>SIGNATURE</b> <u><i>Linda Bowman</i></u> <b>Linda Bowman, President BOD</b> <u>4-30-05</u> <b>(850)623-3868</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					