

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90046 022 \*\*\*\*61.25

<b>DOCUMENT # N20398</b> 1. Entity Name <b>FAMILY RESOURCE PROGRAM OF SANTA ROSA, INC.</b>					
Principal Place of Business <b>6576 CAROLINE ST</b> <b>MILTON, FL 32570 US</b>		Mailing Address <del>4400 BAYOUR BLVD</del> <b>6263 Dogwood Dr</b> <del>SUITE 46</del> <b>Milton, FL 32570</b> <del>PENSACOLA, FL 32503 US</del>			
2. Principal Place of Business - No P.O. Box # <b>6860 Caroline St.</b>		3. Mailing Address <b>6860 Caroline St.</b>			
Suite, Apt. #, etc. <b>Suite 6</b>		Suite, Apt. #, etc. <b>Suite 6</b>			
City & State <b>Milton, FL</b>		City & State <b>Milton, FL</b>			
Zip <b>32570</b>	Country <b>USA</b>	Zip <b>32570</b>	Country <b>USA</b>	4. FEI Number <b>59-2810379</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BOWMAN, LINDA</b> <b>5036 GUERNSEY ROAD</b> <b>MILTON, FL 32571</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <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, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BOWMAN, LINDA</b> <b>5036 GUERNSEY ROAD</b> <b>MILTON, FL 32571</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>JpAnn Smith</b> <b>6860 Caroline St., Suite 6</b> <b>Milton, FL 32570</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>ARNOLD, BETTY</b> <b>6576 HWY. 90</b> <b>MILTON, FL 32583</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Nancy Jordan</b> <b>9474 Navarre Pkwy.</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JORDAN, NANCY</b> <b>9474 NAVARRE PARKWAY</b> <b>NAVARRE, FL 32566</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Helen Salter</b> <b>5736 Willard Norris Rd.</b> <b>Milton, FL 32570</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LUNSFORD, PAT</b> <b>5325 COLLINS DRIVE</b> <b>MILTON, FL 32570</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Annie Brown</b> <b>5241 Willing St.</b> <b>Milton, FL 32570</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WHITMARSH, MARJORIE</b> <b>6852 CAROLINE STREET, SUITE B</b> <b>MILTON, FL 32570</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Butch Miller</b> <b>6274 Greenwood Dr.</b> <b>Milton, FL 32570</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Tom Griffith</b> <b>6025 Cheyenne Dr.</b> <b>Milton, FL 32570</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Tom Griffith</b> <b>6025 Cheyenne Dr.</b> <b>Milton, FL 32570</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Linda K. Bowman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Linda K. Bowman Date <b>4/13/07</b> Daytime Phone # <b>850-623-3868</b>		