2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 03, 2008 8:00 am Secretary of State

DOCUMENT # N20398 1. Entity Name FAMILY RESOURCE PROGRAM OF SANTA ROSA, INC.							04-03-2008	3 90025 0	11 ****6	51.25
Principal Place of Business 6860 CAROLINE ST SUITE 6 MILTON, FL 32570 US		6860 Suite	Mailing Address 6860 CAROLINE ST SUITE 6 MILTON, FL 32570 US		, J		The state of the s			
2. Principal P	lace of Business - No P.O. Box #	ng Address	,					H. H	HAI AI IABI	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01302008	Chg-NP	CR2E03	7 (12/06)	
City & State		City	City & State		•	50 0040070		plied For t Applicable		
Zip	Country	Zip		Country		5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Cur	rent Registere	d Agent			7. Name and	Address of New I	Registered A	gent	
					me					
BOWMAN, LINDA 5036 GUERNSEY ROAD MILTON, FL 32571				Str	Street Address (P.O. Box Number is Not Acceptable)					
				City	y			FL	Zip Code	a
	named entity submits this stateme			1					<u> </u>	
the obligat	ions of registered agent.									:
	Signature, typed or printed name of registered	agent and title if app	icable. (NOTE:	Registered Agent	eiuper erutsongie	d when reinstating)		DATE		
	Filling Fee Is \$61,25 Due by May 1, 2008	agent and title if app	9. Election Cam Trust Fund Co	paign Financ		\$5.00 May B Added to Fees		DATE Vlake check rida Depart		
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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: LINDE ICBOWMAN LINDE K BOWMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR