2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N20398

Entity Name: FAMILY RESOURCE PROGRAM OF SANTA ROSA, INC.

Current Principal Place of Business:

6860 CAROLINE ST
SUITE 6
MILTON, FL 32570 US

New Principal Place of Business:

6607 ELVA ST
MILTON, FL 32570 US

Current Mailing Address:

6860 CAROLINE ST
SUITE 6
MILTON, FL 32570 US

New Mailing Address:

6607 ELVA ST.
MILTON, FL 32570 US

FEI Number: 59-2810379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWMAN, LINDA
5036 GUERNSEY ROAD
MILTON, FL 32571 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:	P	( ) Delete
Name:	BOWMAN, LINDA	
Address:	5036 GUERNSEY ROAD	
City-St-Zip:	MILTON, FL 32571	
Title:	S	( ) Delete
Name:	SMITH, JOANN	
Address:	961 HAAS AVENUE, NE	
City-St-Zip:	MILTON, FL 32570	
Title:	T	( ) Delete
Name:	JORDAN, NANCY	
Address:	9474 NAVARRE PARKWAY	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	( ) Delete
Name:	GRIFFITH, THOMAS	
Address:	6025 CHEYENNE DR.	
City-St-Zip:	MILTON, FL 32570	
Title:	VP	( ) Delete
Name:	MILLER, JEWELL	
Address:	6274 GREENMOOR DR.	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	BROWN, ANNIE	
Address:	5241 WILLING ST	
City-St-Zip:	MILTON, FL 32570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	SMITH, JOANN	
Address:	6607 ELVA ST.	
City-St-Zip:	MILTON, FL 32570	
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:	D	(X) Change ( ) Addition
Name:	GRIFFIN, JAMIE	
Address:	5488 HEATHERTON RD.	
City-St-Zip:	MILTON, FL 32570	

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: LINDA K BOWMAN PRES 03/31/2009
Electronic Signature of Signing Officer or Director — Date