

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20398

FILED  
Feb 15, 2011  
Secretary of State

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

**Current Principal Place of Business:**

6607 ELVA ST  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

6607 ELVA ST.  
MILTON, FL 32570 US

**New Mailing Address:**

FEI Number: 59-2810379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, JEWELL L  
6274 GREENWOOD DR  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

GRIFFITH, TOM  
6025 CHEYENNE DRIVE  
MILTON, FL 32570 US

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: TOM GRIFFITH

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: BOWMAN, LINDA  
Address: 5036 GUERNSEY ROAD  
City-St-Zip: PACE, FL 32571

Title: D  
Name: SMITH, JOANN  
Address: 7897 BENEVA RD  
City-St-Zip: MILTON, FL 32583

Title: VP  
Name: RECKE, MARGO  
Address: 4520 CHANTILLY WAY.  
City-St-Zip: MILTON, FL 32583

Title: P  
Name: GRIFFITH, TOM  
Address: 6025 CHEYENNE DRIVE  
City-St-Zip: MILTON, FL 32570

Title: T  
Name: GRIFFIN, JAMIE  
Address: 6024 PAIGE POINT RD  
City-St-Zip: MILTON, FL 32570

I hereby 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 all other like empowered.

SIGNATURE: TOM GRIFFITH

PRES

02/15/2011

Electronic Signature of Signing Officer or Director

Date