FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:21

DOCUMENT # N23815 (6)

1. Corporation Name

SANTA ROSA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
603 CANAL STREET MILTON FL 32570	603 CANAL STREET MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1987
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-2875033 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RITCHIE, DEE DEE
SANTA ROSA SCHOOL DIST
603 CANAL STREET
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☑ Change ☐ Addition
NAME	BARBER, LINDA B	1.2 NAME	Jim Green	
STREET ADDRESS	1099 OLD BAGDAD HWY. STE. 116	1.3 STREET ADDRESS	PO Drawer 730	
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	Foley, AL 36536	
TITLE	CP	2.1 TITLE		☐ Change ☐ Addition
NAME	CLOUTIER, DICK	2.2 NAME		
STREET ADDRESS	701 CHINQUAPIN RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	WILDER, HARRISON	3.2 NAME	Paul Young	
STREET ADDRESS	99 BAYBRIDGE DR.	3.3 STREET ADDRESS	605 W. Garden St	
CITY-ST-ZIP	GULF BREEZE 32 561	3.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	ED	4.1 TITLE		☐ Change ☐ Addition
NAME	RITCHIE, DEE DEE	4.2 NAME		
STREET ADDRESS	2324 ARRIVISTE WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HARDY, KEN	5.2 NAME		
STREET ADDRESS	5111 N 12TH AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MAPOLES, PAULA	6.2 NAME		
STREET ADDRESS	1 PRINTER'S ALLEY	6.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DeeDee Ritchie DeeDee Ritchie 1.25.95 904/932-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021636