2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N92000000643

Entity Name: TEAM SANTA ROSA ECONOMIC DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

6491 CAROLINE ST
STE 4
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6491 CAROLINE ST
STE 4
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-3161243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, CINDY W
6491 CAROLINE STREET
SUITE 4
MILTON, FL 32570 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: CD ( ) Delete
Name: BROWN, J. R.
Address: 5120 DOGWOOD DR.
City-St-Zip: MILTON, FL 32570

Title: VCD ( ) Delete
Name: GRIFFING, JOHN
Address: 220 SOUTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: STD ( ) Delete
Name: BRAXTON, MONA
Address: 105 BAYBRIDGE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: GRIFFING, JOHN
Address: 220 SOUTH PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32501

Title: VCD (X) Change ( ) Addition
Name: BRAXTON, MONA
Address: 105 BAYBRIDGE
City-St-Zip: GULF BREEZE, FL 32561

Title: STD (X) Change ( ) Addition
Name: GRAY, ED III
Address: 315 FAIRPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN GRIFFING CD 01/06/2004

Electronic Signature of Signing Officer or Director — Date