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 APR 12 PM 12:18

DOCUMENT # **N93000005701 (8)**

1. Corporation Name
SANTA ROSA TOURISM BUREAU, INC.

Principal Place of Business	Mailing Address
8543 NAVARRE PKWY NAVARRE FL 32566	8543 NAVARRE PKWY NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/15/1993**
3a. Date of Last Report: **08/02/1994**
4. FEI Number: **59-3219351** ☐ 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

NEWELL, MIKE
8543 NAVARRE PKWY
NAVARRE FL 32566

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	11 TITLE	D ☒ Change ☐ Addition
NAME	QUINN, PAT	12 NAME	SCHEIDER, CHUCK
STREET ADDRESS	5701 GULF BREEZE PKWY	13 STREET ADDRESS	9201 NAVARRE PARKWAY
CITY-ST-ZIP	GULF BREEZE FL 32561	14 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D	21 TITLE	D ☐ Change ☒ Addition
NAME	HEWATT, IRA M	22 NAME	TYSON, DIANE
STREET ADDRESS	8512 NAVARRE PKWY	23 STREET ADDRESS	51 GULF BREEZE PARKWAY
CITY-ST-ZIP	NAVARRE FL 32566	24 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KOPAK, DAN	32 NAME	
STREET ADDRESS	14 LN RD	33 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, CHUCK	42 NAME	
STREET ADDRESS	9201 NAVARRE PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	NEWELL, MIKE	52 NAME	
STREET ADDRESS	8543 NAVARRE PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 4-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072226