

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005701 (8)

1. Corporation Name

SANTA ROSA TOURISM BUREAU, INC.



Principal Place of Business

**8543 NAVARRE PKWY
NAVARRE FL 32566**

Mailing Address

**8543 NAVARRE PKWY
NAVARRE FL 32566**

3. Date Incorporated or Qualified
12/15/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

22

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWELL, MIKE
8543 NAVARRE PKWY
NAVARRE FL 32566**

81

Name

Christina L. Drain

82

Street Address (P.O. Box Number is Not Acceptable)

8543 Navarre Pkwy

83

Navarre

84

City

Navarre

FL

85

Zip Code

32566

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Christina L. Drain

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHEIDER, CHUCK	
STREET ADDRESS	9201 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEWATT, IRA M	
STREET ADDRESS	8512 NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPAK, DAN	
STREET ADDRESS	14 LN RD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, CHUCK	
STREET ADDRESS	9201 NAVARRE PARKWAY	
CITY-ST-ZIP	NAVARRE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWELL, MIKE	
STREET ADDRESS	8543 NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYSON, DIANE	
STREET ADDRESS	51 GULF BREEZE PARKWAY	
CITY-ST-ZIP	GULF BREEZE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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

Ira Mae Hewatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

Daytime Phone #

904 939-2366

CR2E037 (12/95)