

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # N93000005701 (8)

1. Corporation Name

SANTA ROSA TOURISM BUREAU, INC.



Principal Place of Business Mailing Address
8543 NAVARRE PKWY 8543 NAVARRE PKWY
NAVARRE FL 32568 NAVARRE FL 32568

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 12/15/1993 | | 05/01/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 59-3219351 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Country | | 29 | | 30 | |
| 24 | | 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

DRAIN, CHRISTINA L.
8543 NAVARRE PKWY.
NAVARRE FL 32568

81 Name Jane Godfrey
82 Street Address (P.O. Box Number is Not Acceptable) 8543 Navarre Pkwy.
83 Navarre, FL
84 City FL 85 Zip Code 32568

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 Jane Godfrey Jane Godfrey 8-23-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------|--|--------------------|---|--|--|--|
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEWATT, IRA M | | 1.2 NAME | | | | |
| STREET ADDRESS | 8512 NAVARRE PKWY | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAVARRE FL 32568 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOPAK, DAN | | 2.2 NAME | | | | |
| STREET ADDRESS | 14 LN RD | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | GULF BREEZE FL 32581 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Bill Pullum | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEWELL, MIKE | | 3.2 NAME | 8495 Navarre Pkwy | | | |
| STREET ADDRESS | 8543 NAVARRE PKWY | | 3.3 STREET ADDRESS | Navarre, FL 32568 | | | |
| CITY-ST-ZIP | NAVARRE FL 32568 | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D Dorothy Slye | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TYSON, DIANE | | 4.2 NAME | 1809 Prado St | | | |
| STREET ADDRESS | 51 GULF BREEZE PARKWAY | | 4.3 STREET ADDRESS | Navarre, FL 32568 | | | |
| CITY-ST-ZIP | GULF BREEZE FL | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |

14. I do hereby certify that the information supplied in this filing 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 in an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

CR2E037 (4/97)