

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90017 011 ****61.25

DOCUMENT # N93000005701

1. Entity Name
SANTA ROSA TOURISM BUREAU, INC.



Principal Place of Business
**1917 NAVARRE SCHOOL ROAD
NAVARRE, FL 32566**

Mailing Address
**P.O. BOX 5430
NAVARRE, FL 32566-0430**

50004916



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-3219351

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWBY, KATHY
1917 NAVARRE SCHOOL ROAD
NAVARRE, FL 32566**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	CURLE, KATIE	
STREET ADDRESS	1971 PRADO ST.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODIN, GORDON	
STREET ADDRESS	6495 CAROLINE ST., STE. M	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLYE, DOROTHY	
STREET ADDRESS	1809 PRADO ST	
CITY-ST-ZIP	NAVARRE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANBORN, JACK	
STREET ADDRESS	8974 TOMAHAWK LANDING ROAD	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, ED	
STREET ADDRESS	140 HOLLYWOOD BLVD., S.W.	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, CLAY	
STREET ADDRESS	613 BAY CLIFFS ROAD	
CITY-ST-ZIP	GULF BREEZE, FL 32561	

TITLE	Curle, Katie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8577 Gulf Blvd.	
STREET ADDRESS	Navarre, FL 32566	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ira Mac Bruce	
STREET ADDRESS	8510 Navarre Parkway	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vernon Compton	
STREET ADDRESS	4025 Hwy. 178	
CITY-ST-ZIP	Jay, FL 32565	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clayton White	
STREET ADDRESS	5365 Park Lane	
CITY-ST-ZIP	Milton, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06 850-939-3267

Date

Daytime Phone #