

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005701

FILED
Apr 26, 2007
Secretary of State

Entity Name: SANTA ROSA TOURISM BUREAU, INC.

Current Principal Place of Business:

1917 NAVARRE SCHOOL ROAD
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5430
NAVARRE, FL 325660430

New Mailing Address:

FEI Number: 59-3219351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILKES, KATE
1917 NAVARRE SCHOOL ROAD
NAVARRE, FL 32566 US

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: KATE WILKES

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CURLE, KATIE
Address: 8577 GULF BLVD.
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: GOODIN, GORDON
Address: 6495 CAROLINE ST., STE. M
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: SLYE, DOROTHY
Address: 1809 PRADO ST
City-St-Zip: NAVARRE, FL

Title: D () Delete
Name: SANBORN, JACK
Address: 8974 TOMAHAWK LANDING ROAD
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: TAYLOR, ED
Address: 140 HOLLYWOOD BLVD., S.W.
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: FORD, CLAY
Address: 613 BAY CLIFFS ROAD
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CURLE, KATIE
Address: 8666 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: SLYE, DOROTHY
Address: 1809 PRADO ST
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOROTHY SLYE

DC

04/26/2007

Electronic Signature of Signing Officer or Director

Date