

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005701

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: SANTA ROSA TOURISM BUREAU, INC.

## Current Principal Place of Business:

8543 NAVARRE PARKWAY  
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:

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

## Name and Address of New Registered Agent:

WILKES, KATE  
8543 NAVARRE PARKWAY  
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:

03/13/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CURLE, KATIE  
Address: 8666 NAVARRE PARKWAY  
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: DC ( ) Delete  
Name: SLYE, DOROTHY  
Address: 1809 PRADO ST  
City-St-Zip: NAVARRE, FL 32566

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

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: SCHLUTER, JB  
Address: 338 DEERPOINT DR.  
City-St-Zip: GULF BREEZE, FL 32561

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

D

03/13/2008

Electronic Signature of Signing Officer or Director

Date