2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N94000005877

Entity Name: SANTA ROSA CLEAN COMMUNITY SYSTEM, INC.

Current Principal Place of Business:

6758 PARK AVE
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 453
MILTON, FL 32572 US

New Mailing Address:

FEI Number: 59-3282135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TONKIN, JOHN R
6758 PARK AVENUE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HARRIS, RICK	
Address:	6075 OLD BAGDAD HWY	
City-St-Zip:	MILTON, FL 32583	
Title:	D	( ) Delete
Name:	REEVES, OLIVER	
Address:	5217 AUDOBON DR	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	D'ASARO, PATRICIA,	
Address:	4620 FORSYTH ST.	
City-St-Zip:	BAGDAD, FL 32530	
Title:	D	( ) Delete
Name:	WALKER, NICKY,	
Address:	6340 PANSY DR	
City-St-Zip:	MILTON, FL 32570	
Title:	DV	( ) Delete
Name:	BOND, DWAYNE O	
Address:	600 S. STEWART STREET	
City-St-Zip:	MILTON, FL 32570	
Title:	DS	( ) Delete
Name:	BROWN, SHIRLEY	
Address:	2617 ANDORRA ST.	
City-St-Zip:	NAVARRE, FL 32566	

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:	( ) 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: NICKY WALKER MR. 01/07/2009

Electronic Signature of Signing Officer or Director — Date