2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005562

Jun 13, 2006 Secretary of State

FILED

Entity Name: SANTA ROSA COMMUNITY SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

6294 BUCKSKIN DRIVE MILTON, FL 32570

Current Mailing Address: New Mailing Address:

6294 BUCKSKIN DRIVE MILTON, FL 32570

FEI Number: 59-3390096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROLAND, BRENDA
6052 SAVANNAH DR.
MILTON, FL 32570 US

ROLAND, BRENDA
6200 BRICE ST.
MILTON, FL 32570 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: BRENDA ROLAND 06/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: GOEBEL, JERRY Name:

 Name:
 GOEBEL, JERRY
 Name:

 Address:
 6656 LEEPARD ROAD
 Address:

 City-St-Zip:
 MILTON, FL 32570
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BAKER, ROB
 Name:
 BAKER, ROB

 Address:
 6294 BUCKSKIN DRIVE
 Address:
 3131 SOUTHFORK DR.

Address: 6294 BUCKSKIN DRIVE Address: 3131 SOUTHFORK DR City-St-Zip: MILTON, FL 32570 City-St-Zip: PACE, FL 32571

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MEREDITH, LÜTHER
 Name:
 MEREDITH, LÜTHER

 Address:
 6294 BUCKSKIN DRIVE
 Address:
 4729 CARLYN DR.

 City-St-Zip:
 MILTON, FL 32570
 City-St-Zip:
 PACE, FL 32571

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MAUGHON, MILDRED
 Name:
 MILDRED, MAUGHON

 Address:
 6294 BUCKSKIN DRIVE
 Address:
 6294 BUCKSKIN DRIVE

 City-St-Zip:
 MILTON, FL 32570
 City-St-Zip:
 MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA ROLAND DS 06/13/2006