2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N96000005562

Entity Name: SANTA ROSA COMMUNITY SERVICES, INC.

Current Principal Place of Business:

6294 BUCKSKIN DRIVE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6294 BUCKSKIN DRIVE
MILTON, FL 32570

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROLAND, BRENDA
6200 BRICE ST.
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: PD ( ) Delete
Name: GOEBEL, JERRY
Address: 6656 LEEPARD ROAD
City-St-Zip: MILTON, FL 32570

Title: TD ( ) Delete
Name: BAKER, ROB
Address: 3131 SOUTHFORK DR.
City-St-Zip: PACE, FL 32571

Title: VP ( ) Delete
Name: MEREDITH, LUTHER
Address: 4729 CARLYN DR.
City-St-Zip: PACE, FL 32571

Title: SD ( ) Delete
Name: MILDRED, MAUGHON
Address: 6294 BUCKSKIN DRIVE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: LUNSFORD, ANDY
Address: 6043 MAYFAIR RD
City-St-Zip: MILTON, FL 32570

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

Title: SD (X) Change ( ) Addition
Name: MILLER, JUNE
Address: 7137 BAYSHORE DR
City-St-Zip: MILTON, FL 32583

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: JERRY GOEBEL PD 01/12/2009

Electronic Signature of Signing Officer or Director — Date