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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # N97000004711 (4)

1. Corporation Name

~~SANTA ROSA~~ COMMUNITIES IN SCHOOLS, INC. OF SANTA ROSA, INC.

Principal Place of Business

311 FAIRPOINT DRIVE  
GULF BREEZE FL 32561

Mailing Address

311 FAIRPOINT DRIVE  
GULF BREEZE FL 32561

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

59-3461922

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6408 HWY 90

26 6408 HWY 90

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 5

27 SUITE 5

City & State

City & State

23 MILTON, FL

28 MILTON, FL

Zip

Country

Zip

Country

24 32570-4572

25 USA

29 32570-4572

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, JOHN

311 FAIRPOINT DRIVE  
GULF BREEZE FL 32561

81 Name

JOEL R. SEGRAVES

82 Street Address (P.O. Box Number is Not Acceptable)

6408 HWY 90 SUITE 5

83

84 City

MILTON

FL

85 Zip Code

32570-4572

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JOEL R. SEGRAVES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE C/D ☐ Change ☒ Addition  
1.2 NAME JIMMIE D. HILL  
1.3 STREET ADDRESS 531 SW ELVA ST.  
1.4 CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE V/D ☐ Change ☒ Addition  
2.2 NAME JOHN D. MORGAN  
2.3 STREET ADDRESS 311 FAIRPOINT DR.  
2.4 CITY-ST-ZIP GULF BREEZE, FL 32570

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE S/D ☐ Change ☒ Addition  
3.2 NAME WILLIAM P. MARKOPOULOS  
3.3 STREET ADDRESS 601 ALABAMA ST.  
3.4 CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE T/D ☐ Change ☒ Addition  
4.2 NAME SAM VICKERS  
4.3 STREET ADDRESS 5247 STEWART ST.  
4.4 CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME BENNETT C. RUSSELL  
5.3 STREET ADDRESS 603 CANAL ST.  
5.4 CITY-ST-ZIP MILTON, FL 32570

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME JOEL R. SEGRAVES  
6.3 STREET ADDRESS 5812 TWIN OAKS DR.  
6.4 CITY-ST-ZIP PACE, FL 32571

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

JOEL R. SEGRAVES EXECUTIVE DIRECTOR

850-623-0332

CFR2E037 (10/97)