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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004711

1. Corporation Name

COMMUNITIES IN SCHOOLS OF SANTA ROSA, INC.

Principal Place of Business

6408 HWY 90
STE 5
MILTON FL 32570-4572
US

Mailing Address

6480 HWY 90
STE 5
MILTON FL 35270-4572
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

59-3461922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SEGRAVES, JOEL R
6408 HWY 90, STE 5
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME HILL, JIMMIE D
STREET ADDRESS 531 SW ELVA
CITY-ST-ZIP MILTON FL 32570

TITLE VD ☐ DELETE

NAME MORGAN, JOHN D
STREET ADDRESS 311 FAIRPOINT DR
CITY-ST-ZIP GULFBREEZE FL 32570

TITLE SD ☐ DELETE

NAME MARKOPOULOS, WILLIAM P
STREET ADDRESS 601 ALABAMA ST
CITY-ST-ZIP MILTON FL 32570

TITLE TD ☐ DELETE

NAME VICKER, SAM
STREET ADDRESS 5247 STEWART ST
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ DELETE

NAME RUSSELL, BENNETT C
STREET ADDRESS 603 CANAL ST
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ DELETE

NAME SEGRAVES, JOEL R
STREET ADDRESS 8512 TWIN OAKS DR
CITY-ST-ZIP PACE FL 32571

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME MURPHY, PATRICIA R.
1.3 STREET ADDRESS 6408 HWY 90, STE 4
1.4 CITY-ST-ZIP MILTON, FL 32570

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME EUGENE L. OSMONDSON
2.3 STREET ADDRESS 5800 TANGLEWOOD DR.
2.4 CITY-ST-ZIP MILTON FL 32570-8207

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME DONALD SHAFER
3.3 STREET ADDRESS 5705 TAMARACK DR.
3.4 CITY-ST-ZIP PACE FL 32571

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME CALFEE, CAROL
4.3 STREET ADDRESS 305 BERRYHILL RD.
4.4 CITY-ST-ZIP MILTON, FL 32570

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

850-623-0332

Daytime Phone #

CR2E037 (11/98)