FEB. 3. 2004 4:11PM Work Comp Associates, Inc.

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90034 046 ****70.00

DOCUMENT # N97000004711

1. Entity Name
COMMUNITIES IN SCHOOLS OF SANTA ROSA, INC.

Principal Place of Business	Mailing Address
6408 HWY 90 STE 5 MILTON, FL 32570-4572 US	6480 HWY 90 STE 5 MILTON, FL 35270-4572 US

02032004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3461922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEGRAVES, JOEL R 6408 HWY 90, STE 5 MILTON, FL 32570	Name: Denise L. Garner Street Address (P.O. Box Number is Not Acceptable): 6408 Hwy 90 Suite # 5 City: Milton FL Zip Code: 32570

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Denise L Garner Denise L. Garner 2/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD OSMONDSON, EUGENE L 5800 TANGLEWOOD DR MILTON, FL 325706207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ramona Shires (Board Chair) ☐ Change ☑ Addition 100 W Garden Street Suite 300 Pensacola FL 32502
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MURPHY, PATRICIA R 6408 HWY 90 STE 4 MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vickie Mullins (Vice Chair) ☐ Change ☑ Addition 6263 Dogwood Dr Milton FL 32570
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CALFEE, CAROL 6751 BERRYHILL ST MILTON, FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brad Cutts (Treasurer) ☐ Change ☑ Addition 4414 #4 Woodbine Rd Pace FL 32571
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICKERS, SAM 4085 NORRIS RD PACE, FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Roselyn Bates (Director) ☐ Change ☑ Addition 6250 Hwy 87 North Milton, FL 32570
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, JOHN W 5086 CANAL ST MILTON, FL 325706706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wendell O. Hall (Director) ☐ Change ☑ Addition P.O. Box 7129 Milton, FL 32572
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEGRAVES, JOEL R 5812 TWIN OAKS DR PACE, FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(Executive Director) ☑ Change ☐ Addition Denise Garner L. 5918 Arienne Circle Milton FL 32570

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise L Garner (XS) Denise L Garner 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #