

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 014 ****70.00

DOCUMENT # N99000004223 1. Entity Name SANTA ROSA COUNTY CRIME STOPPERS, INC.					
Principal Place of Business 5755 EAST MILTON ROAD MILTON, FL 32570			Mailing Address PO BOX 7129 MILTON, FL 32572 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NITTERAUER, JIM 3 W. GARDEN STREET, SUITE 326 PENSACOLA, FL 32502				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NITTERAUER, JIM		NAME		
STREET ADDRESS	3 W. GARDEN ST., STE 326		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	VPTD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	DANNHEISSER, MATT		NAME	Vice President	
STREET ADDRESS	504 N. BAYLEN STREET		STREET ADDRESS	312 Brange	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	3887 Baywind Drive	
TITLE	SD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MCMILLEN, JEFF		NAME	Sandra Kimborough	
STREET ADDRESS	1174 HARBOR LANE		STREET ADDRESS	1 Fairpoint Place	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	TD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	RECHE, DEBORAH		NAME	Deborah ROCHE	
STREET ADDRESS	510 JAMES RIVER RD		STREET ADDRESS	510 James River Rd.	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-17-06 850-473-6776 Date Daytime Phone #		