2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# N99000004223

Entity Name: SANTA ROSA COUNTY CRIME STOPPERS, INC.

Current Principal Place of Business:

5755 EAST MILTON ROAD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

PO BOX 7129
MILTON, FL 32572 US

New Mailing Address:

FEI Number: 59-3587063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NITTERAUER, JIM
3 W. GARDEN STREET, SUITE 326
PENSACOLA, FL 32502 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: NITTERAUER, JIM
Address: 3 W. GARDEN ST., STE 326
City-St-Zip: PENSACOLA, FL 32501

Title: VP ( ) Delete
Name: PRANGE, WILLIAM
Address: 5887 BAY WIND DR
City-St-Zip: GULF BREEZE, FL 32561

Title: SD (X) Delete
Name: KLEM, CHRISTY
Address: 1235 STERLING POINT DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: TD ( ) Delete
Name: ROCHE, DEBORAH
Address: 510 JAMES RIVER RD
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DEBORAH H. ROCHE, AS TREASURER TD 08/05/2008
Electronic Signature of Signing Officer or Director — Date