

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PH 3:21

DOCUMENT # **N51109 (9)**
1. Corporation Name
CITIZENS VOICE ASSOCIATION OF HOLMES COUNTY, INC

Principal Place of Business Mailing Address
POST OFFICE BOX 594 BONIFAY FL 32425 US
POST OFFICE BOX 594 BONIFAY FL 32425 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1992** 3a. Date of Last Report **03/03/1994**
4. FEI Number **59-3094570** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LABARRE, ELOISE
205 EAST WISCONSIN AVENUE
BONIFAY FL 32425**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARRE, ELOISE	1.2 NAME	
STREET ADDRESS	205 EAST WISCONSIN AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL 32425	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, JEFF	2.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 846	2.3 STREET ADDRESS	VD Eunice Quick
CITY - ST - ZIP	BONIFAY FL 32425	2.4 CITY - ST - ZIP	RT 4 Box 352 Bonifay, FL 32425
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSWELL, THOMAS R.	3.2 NAME	
STREET ADDRESS	512 WAUKESHA STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL 32425	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, JAMES L.	4.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 64	4.3 STREET ADDRESS	
CITY - ST - ZIP	BONIFAY FL 32425	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Eloise Labarre February 13, 1995 (904) 547-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELOISE LABARRE