

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **09/28/1992** 3a. Date of Last Report **02/15/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3094570	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LABARRE, ELOISE 205 EAST WISCONSIN AVENUE BONIFAY FL 32425				B1	Name Eunice Quick		
				B2	Street Address (P.O. Box Number is Not Acceptable) Rt 4 Box 352		
				B3			
				B4	City BONIFAY	FL	B5

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: *Eunice Q. Quick* (NOTE: Registered Agent signature required when reinstating) DATE: **Apr. 3, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D's <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARRE, ELOISE	1.2 NAME	Quick, Eunice
STREET ADDRESS	205 EAST WISCONSIN AVENUE	1.3 STREET ADDRESS	RT 4 Box 352
CITY-ST-ZIP	BONIFAY FL 32425	1.4 CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, EUNICE	2.2 NAME	Coomer, John
STREET ADDRESS	RT 4 BOX 352 N/A	2.3 STREET ADDRESS	610 N. Cotton St.
CITY-ST-ZIP	BONIFAY FL	2.4 CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	SD <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Eunice Q. Quick* DATE: **Apr. 3, 1996**

CR2E037 (12/95)