


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 POST OFFICE BOX 594 BONIFAY FL 32425 US	Mailing Address POST OFFICE BOX 594 BONIFAY FL 32425 US
---	---

3. Date Incorporated or Qualified 09/28/1992
4. FEI Number 59-3094570
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**QUICK, EUNICE
 RT 4 BOX 352
 BONIFAY FL 32425**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 32425

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 *Amy Loflin* *Amy Loflin* **4/15/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, EUNICE	1.2 NAME	LOFLIN, AMY
STREET ADDRESS	RT 4 BOX 352	1.3 STREET ADDRESS	RT. 4 BOX 600
CITY-ST-ZIP	BONIFAY FL	1.4 CITY-ST-ZIP	BONIFAY, FL.
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMER, JOHN	2.2 NAME	LITTLE, BENNY
STREET ADDRESS	610 N COTTON ST	2.3 STREET ADDRESS	RT. 2 BOX 45-H
CITY-ST-ZIP	BONIFAY FL	2.4 CITY-ST-ZIP	BONIFAY, FL.
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, JAMES L.	3.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 64	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL 32425	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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: *Amy Loflin* AMY LOFLIN **4/15/98** **8505471585**
Signature, typed or printed name of signing officer or director Date Daytime Phone # none027

CR2E037 (10/97)