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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51109

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



2. Principal Place of Business (21-24), 2a. Mailing Address (25-29), 3. Date Incorporated or Qualified (09/28/1992), 4. FEI Number (59-3094570), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing (\$5.00 May Be Added to Fees)

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: Amy Loflin, 82 Street Address: Rt. 4 BOX 600, 84 City: Bonifay, FL, 85 Zip Code: 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, pres. Amy Loflin 4/20/99

12. OFFICERS AND DIRECTORS: PDS LOFLIN, AMY; VD LITTLE, BENNY; TD WATERS, JAMES L.; SECRETARY WATERS, JAMES
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 4.1 TITLE: SECRETARY, 4.2 NAME: WATERS, JAMES, 4.3 STREET ADDRESS: RT. 4, BOX 64, 4.4 CITY-ST-ZIP: Bonifay FL. 32425

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy Loflin, REC Amy Loflin 4/20/99 850-547-1585

CP037 (1/98)