

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90281 036 *****61.25

0016338

DOCUMENT # N51109

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3094570

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOFLIN, AMY
RT 4 BOX 600
BONIFAY FL 32425

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PDS
 NAME: LOFLIN, AMY Delete
 STREET ADDRESS: RT 4 BOX 600
 CITY-ST-ZIP: BONIFAY FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VD Delete
 NAME: LITTLE, BENNY
 STREET ADDRESS: RT 2 BOX 45-H
 CITY-ST-ZIP: BONIFAY FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TDS Delete
 NAME: WATERS, JAMES L.
 STREET ADDRESS: ROUTE 4, BOX 64
 CITY-ST-ZIP: BONIFAY FL 32425

TITLE: TDS Change Addition
 NAME: BOSWELL, THOMAS RAY
 STREET ADDRESS: 512 Waukesha St.
 CITY-ST-ZIP: Bonifay, FL 32425

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy Loflin **AMY LOFLIN** 4/19/01 850-547-7461
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)