

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-13-2002 90152 025 ****61.25

DOCUMENT # N51109 ✓
1. Entity Name
Citizen's Voice Association of Holmes County

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Holmes County EOC
3. Mailing Address
P.O.Box 594
Suite, Apt. #, etc.
107 E. Virginia Ave.

DO NOT WRITE IN THIS SPACE

City & State
Bonifay, Fl. 32425
City & State
Bonifay, Fl. 32425
4. FEI Number
59-3094570
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name
Amy Loflin
Street Address (P.O. Box Number is Not Acceptable)
2222 Hwy 177A
City
Bonifay FL 32425

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FEE IS \$81.25
Initial or Amended UBR
9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fee
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Amy Loflin, P-D 2222 Hwy 177A Bonifay, Fl. 32425	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president Richard Willsey, V.P.--D 108 Long Round Bay Rd. Bonifay, Fl 32425	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Ray Boswell, S-D 512 N. Waukesha St. Bonifay, Fl. 32425	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.
SIGNATURE: Amy Loflin Amy Loflin 4/24/02 850.547.7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #