

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90448 045 \*\*\*\*61.25

**DOCUMENT # N20484**

1. Entity Name

**WASHINGTON-HOLMES TECHNICAL CENTER FOUNDATION, I  
NC.**



Principal Place of Business

**757 HOYT ST.  
CHIPLEY FL 32428  
US**

Mailing Address

**757 HOYT ST.  
CHIPLEY FL 32428  
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 **59-2810664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HOLLEY, GERALD  
1282 B CHURCH AVE  
CHIPLEY FL 32428**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGHERTY, JOHN III</b>	
STREET ADDRESS	<b>904 MAIN STREET.</b>	
CITY-ST-ZIP	<b>CARYVILLE FL 32427</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VALENCIA, LUIS</b>	
STREET ADDRESS	<b>1334 RAILROAD AVE.</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>REGISTER, STEPHEN B. J</b>	
STREET ADDRESS	<b>1552 BRICKYARD ROAD</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>SAUNDERS, WAYNE</b>	
STREET ADDRESS	<b>847 CANDY LANE</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIS, TERRY</b>	
STREET ADDRESS	<b>1303 PINE BLUFF COURT</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, PAUL</b>	
STREET ADDRESS	<b>1797 GAINER RD</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ralph Ray</b>	
STREET ADDRESS	<b>819 3rd St.</b>	
CITY-ST-ZIP	<b>Chipley, FL 32428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bill Gunter</b>	
STREET ADDRESS	<b>779 Dogwood Ln.</b>	
CITY-ST-ZIP	<b>Chipley, FL 32428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ricky Martin</b>	
STREET ADDRESS	<b>PO Box 604</b>	
CITY-ST-ZIP	<b>Chipley, FL 32428</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*John III Dougherty*

01-08-03 850-638-7615

CR2E037 (10/02)