

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719812

FILED
Jun 03, 2009
Secretary of State

Entity Name: HOLMES COUNCIL ON AGING, INC.

Current Principal Place of Business:

210 W KANSAS AVE
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

210 W KANSAS AVE
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-1311210 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WING, AMBER
210 WEST KANSAS AVE
BONIFAY, FL 32425 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, HAROLD
Address: 1203 N STATE ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: FISH, PETE
Address: 506 S WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: TAYLOR, GEORGE
Address: 2035 PRIOGEON LANE
City-St-Zip: WESTVILLE, FL 32464

Title: VD () Delete
Name: JOHNSON, ALBERT
Address: 219 N WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: WILLIAMS, FRANCES
Address: 2246 HWY 173
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: COOMER, JOHN
Address: 1004 SCENIC HILL CIRCLE
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P.P. FISH

PRES

06/03/2009

Electronic Signature of Signing Officer or Director

Date