

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722003

FILED
Mar 22, 2005
Secretary of State

Entity Name: HOLMES COUNTY BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

1861 HWY 177
BONIFAY, FL 32425 US

New Principal Place of Business:

Current Mailing Address:

1861 HWY 177
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 59-2064161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, BOB
1176 EARLY LANE
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: PHILLIPS, BOB
Address: 1176 EARLY LANE
City-St-Zip: GRACEVILLE, FL 32440

Title: D () Delete
Name: FOX, RAY,
Address: P.O.BOX 247, NA
City-St-Zip: PONCE DE LEON, FL

Title: SD () Delete
Name: HODGE, IRIS MRS.
Address: 2566 KIGHT LANE
City-St-Zip: BONIFAY, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOB PHILLIPS

RA

03/22/2005

Electronic Signature of Signing Officer or Director

Date