FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 30 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **731164** **(0)**

1. Corporation Name

THE ARC OF WASHINGTON-HOLMES COUNTIES, INC.

Principal Place of Business	Mailing Address
1335 [illegible]SOUTH BOULEVARD CHIPLEY FL 32428	1335 [illegible]SOUTH BOULEVARD CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1974
3a. Date of Last Report: 02/28/1994
4. FEI Number: 23-7402786 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1335 South Boulevard	26 1335 South Boulevard
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Chipley	City & State 28 Florida
Zip / Country 24 32428 / 25	Zip / Country 29 32428 / 30

5. Certificate of Status Desired ☐ — $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, MAVIS N
301 S BLVD
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, GEORGE	1.2 NAME		
STREET ADDRESS	RT. 3, BOX 420	1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	WALTERS, DON	2.2 NAME	Jeannie Betts	
STREET ADDRESS	P.O. BOX 149 N/A	2.3 STREET ADDRESS	111 Wells Avenue	
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	Chipley, Florida 32428	
TITLE	ST	3.1 TITLE	T	☒ Change ☐ Addition
NAME	BETTS, JEANNIE	3.2 NAME	Tencie Mae Anderson	
STREET ADDRESS	111 WELLS AVE.	3.3 STREET ADDRESS	700 Anderson Drive	
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	Bonifay, Florida 32425	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MOORE, WENDELL B	4.2 NAME	James G. Stephens	
STREET ADDRESS	P.O. BOX 716 N/A	4.3 STREET ADDRESS	306 South 6th Street	
CITY-ST-ZIP	CHIPLEY FL	4.4 CITY-ST-ZIP	Chipley, Florida 32428	
TITLE	D	5.1 TITLE	S	☒ Change ☐ Addition
NAME	ANDERSON, TENCIE MAE	5.2 NAME	Lois C. Jones	
STREET ADDRESS	700 ANDERSON DR.	5.3 STREET ADDRESS	Route 1, Box 195	
CITY-ST-ZIP	BONIFAY FL	5.4 CITY-ST-ZIP	Chipley, Florida 32428	
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	FISH, P.P. (PETE)	6.2 NAME	PP	
STREET ADDRESS	506 SOUTH WAUKESHA ST.	6.3 STREET ADDRESS	Bill Williams	
CITY-ST-ZIP	BONIFAY FL	6.4 CITY-ST-ZIP	Route 7, Box 650 Chipley, Florida 32428	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mavis Smith (Mavis Smith) 904-638-7517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000A434