FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name

THE ARC OF WASHINGTON-HOLMES COUNTIES, INC.

Principal Place of Business	Mailing Address
1335 SOUTH BLVD. CHIPLEY FL 32428	1335 SOUTH BLVD. CHIPLEY FL 32428

3. Date Incorporated or Qualified: **10/21/1974**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **23-7402786** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
~~1335 BLVD~~ 1335 South Boulevard
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Mavis N. Smith Mavis N. Smith Executive Director January 17, 1996
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	☐ DELETE	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	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	BETTS, JEANNIE		2.2 NAME	Jeannie Betts	
STREET ADDRESS	111 WELLS AVE.		2.3 STREET ADDRESS	111 Wells Avenue	
CITY-ST-ZIP	CHIPLEY FL 32428		2.4 CITY-ST-ZIP	Chipley, Florida 32428	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AMDERSON, TENCIE MAE		3.2 NAME		
STREET ADDRESS	700 ANDERSON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONIFY FL 32428		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	STEPHENS, JAMES G		4.2 NAME	P. P. (Pete) Fish	
STREET ADDRESS	306 SOUTH 6TH STREET		4.3 STREET ADDRESS	506 South Waukesha Street	
CITY-ST-ZIP	CHIPLEY FL 32428		4.4 CITY-ST-ZIP	Bonifay, Florida 32425	
TITLE	S	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	JONES, LOIS C		5.2 NAME	E. A. Williams, Jr.	
STREET ADDRESS	ROUTE 1 BOX 195		5.3 STREET ADDRESS	Route 2, Box 337	
CITY-ST-ZIP	CHIPLEY FL 32428		5.4 CITY-ST-ZIP	Bonifay, Florida 32428	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, BILL		6.2 NAME	700001753317	
STREET ADDRESS	ROUTE 7 BOX 650		6.3 STREET ADDRESS	-03/21/96--01089--036	
CITY-ST-ZIP	CHIPLEY FL 32428		6.4 CITY-ST-ZIP	***61.25	

CR2E037 (12/95)

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.

SG 3-21-96

SIGNATURE: Mavis N. Smith George Taylor 1-17-96 904-638-7517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mavis N. Smith George Taylor 3-7-96 334-983-2214