FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 731164

THE ARC OF WASHINGTON-HOLMES COUNTIES, INC.

Country

Principal Place of Business 1335 SOUTH BLVD.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

CHIPLEY FL 32428

Mailing Address

1335 SOUTH BLVD. CHIPLEY FL 32428

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90022 011 *****70.00



3. Date Incorporated or Qualifed 10/21/1974

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

23-7402786

4	[25]	29	301			Trust Fund Contribution		Added to) Lees
	 Name and Address of Currer 	nt Registered Agent				10. Name and Address of New	Registered.	Agent	
1. * · · · · · · · · · · · · · · · · · ·					Name	,			
SMITH, MAVIS, N. C. C. S. S. C.					Stract	Address (P.O. Box Number is Not Accep	table)		
1335 SOUTH BLVD.					Street.	Address (P.O. Box Number is Not Accep	lane)		
CHIPLEY FL 32428				83					
OFFICE	I L J2720		*					· · · · · ·	
				84	City		FL	85 Zip C	ode
11. Purcuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statu	tes the of	201/6	-named	corporation submits this statement for th		changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by t	he corpo	oration's board of directors. I hereby according to the state of the s	opt the appoir	itment as rec	istered 🖁
SIGNATURE									
12.	Signature, typed or printed name of registered age			Agent	signature n	equired when reinstating) ADDITIONS/CHANGES TO O	DATE	D DIDECTO	PS IN 12
		ID DIRECTORS	13.				FFICERS AN	Change	Addition
TITLE	D OFFICE	□ nereie	1.1 TTS			制设件的基		□ Change	☐ Mudikitin
NAME	TAYLOR, GEORGE		1.2 NA			M. 1531			į į
STREET ADORESS	RT 3 BOX 405		1.3 ST	REET	ADDRESS	Ps Jarani		• •	
CITY-ST-ZIP	WESTVILLE FL	□ as:	1.4 CF		ZIP			,	. 🗀
TITLE	D	☐ DELETE	2.1 TIT	LE		· ,		Change	☐ Addition
NAME	BETTS, JEANNIE		2.2 NA	ME					•
STREET ADDRESS	1291 WELLS AVE		2.3 ST	REET	ADDRESS	,			
CITY-ST-ZIP	CHIPLEY FL 32428		2.4 CI	TY-ST	- ZIP				
TITLE	T	☐ DELETE	3.1 717	LÉ				Change	Addition
NAME :	ANDERSON, TENCIE MAE		3.2 NA	ME					
STREET ADDRESS	402 E MICHIGAN AVE		3.3 ST	REET	ADDRESS				'
CITY-ST-ZIP	CHIPLEY FL 32428		3.4. CF	TY-ST	-ZIP				
TITLE	iet Date	☐ DELETE	4,1 TIT	ιE				☐ Change	Addition
NAME	STEPHENS, JAMES G		4. 2 N	ME		N. p N. M		* 6 * *	S Des o the
	306 SOUTH 6TH STREET		4.3 ST	REET /	ADDRESS				
CITY-ST-ZIP	CHIPLEY FL 32428		4.4 CIT	Y-ST-	ZIP	este les les les les les les les les les le			
TITLE	VP	☐ DELETE	5.1 TT					Change	Addition
NAME (FISH, P.P.(PETE) C		5.2 NA	ME					•
STREET ADDRESS	506 S WAUKESHA ST		5.3 ST	REET /	ADDRESS		•		,
CITY-ST-ZIP	BONIFAY FL		5.4 CIT	Y-ST-	ZIP	X Comment			
TITLE	SHIP DE L	☐ DELETE	6.1 TIT	LE		•		☐ Change	Addition
NAME I	GILMORE, JOYCE	_	6.2 NA	ME		75 Jan 1988	5.		.
	865 JELLY BEAN LANE		6.3 ST	REET /	ADDRESS			. '	
	CHIPLEY FL 32428		6.4 CIT						•
ITY-ST-ZIP		th this filing does not qualify fo				in Section 119.07(3)(i). Florida Statutes	I further cort	ifuthat the in	formation

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, with all other like empowered.

SIGNATURE:

850-638-7517

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable