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Feb 10, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

DOCUMENT # 731164

1. Corporation Name

THE ARC OF WASHINGTON-HOLMES COUNTIES, INC.

Principal Place of Business

1335 SOUTH BLVD.  
CHIPLEY FL 32428

Mailing Address

1335 SOUTH BLVD.  
CHIPLEY FL 32428



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 10/21/1974 4. FEI Number 23-7402786 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, MAVIS N.  
1335 SOUTH 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like TAYLOR, GEORGE; BETTS, JEANNIE; ANDERSON, TENCIE MAE; STEPHENS, JAMES G; FISH, P.P.(PETE) C; GILMORE, JOYCE.

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1-21-99 Daytime Phone #: 850-638-7517

CR2E037 (11/98)