2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90043 036 ****61.25

DOCUMENT # 731164

1. Entity 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

B0034416

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, MAVIS N 1335 SOUTH BLVD. CHIPLEY FL 32428	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, GEORGE RT 3 BOX 405 WESTVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BETTS, JEANNIE 1291 WELLS AVE CHIPLEY FL 32428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BETTS, JEANNIE 1291 WELLS AVE CHIPLEY, FL 32428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDERSON, TENCIE MAE 402 E MICHIGAN AVE CHIPLEY FL 32428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RONNIE WRIGHT 692 SEWELL FARMS RD CHIPLEY, FL 32428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, BILL 2 HWY 77 N CHIPLEY FL 32428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, BILL 2 HWY 77 N CHIPLEY, FL 32428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISH, P.P.(PETE) C 506 S WAUKESHA ST BONIFAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FISH, P.P. (PETE)C 506 S. WAUKESHA ST. BONIFAY, FL 32425	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GILMORE, JOYCE 865 JELLY BEAN LANE CHIPLEY FL 32428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, JAMES G. 880 MAIN STREET CHIPLEY, FL 32428	☐ Change ☒ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mavis Smith MAVIS SMITH MCGUIRE EXECUTIVE DIRECTOR 2/11/02 850-638-7517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #