2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 731164

Entity Name: THE ARC OF WASHINGTON-HOLMES COUNTIES, INC.

Current Principal Place of Business:

1335 SOUTH BLVD.
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1335 SOUTH BLVD.
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 23-7402786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRITCHARD, SANDY
1335 SOUTH BLVD.
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: TAYLOR, GEORGE
Address: 2035 PRIDGEON LANE
City-St-Zip: WESTVILLE, FL 32464

Title: D ( ) Delete
Name: BETTS, JEANNIE
Address: 1291 WELLS AVE
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: WRIGHT, RONNIE
Address: 692 SEWELL FARMS RD
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: FISH, P.P.(PETE) C
Address: 506 S WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425

Title: S ( ) Delete
Name: GILMORE, JOYCE
Address: 875 JELLY BEAN LANE
City-St-Zip: CHIPLEY, FL 32428

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ODOM, JERRY
Address: 963 FALLING WATERS ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BROWN, TERESA
Address: 1401-B BLUE LAKE ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: VP ( ) Change (X) Addition
Name: PEMBERTON, ROBIN
Address: 2453 HWY 77 SOUTH
City-St-Zip: CHIPLEY, FL 32428

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY ODOM PRES 01/14/2009

Electronic Signature of Signing Officer or Director — Date