2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 13, 2003 8:00 am § Secretary of State DOCUMENT # 731164 1. Entity Name 01-13-2003 90123 021 ****61.25 THE ARC OF WASHINGTON-HOLMES COUNTIES, INC. Principal Place of Business Mailing Address 1335 SOUTH BLVD. 1335 SOUTH BLVD. 20004830 CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 23-7402786 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, MAVIS N Street Address (P.O. Box Number is Not Acceptable) 1335 SOUTH BLVD. CHIPLEY FL 32428 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DKVP TITLE ☐ Delete TITLE ☐ Change ଷ $\hfill \square$ Addition TAYLOR, GEORGE NAME NAME STREET ADDRESS RT 3 BOX 405 STREET ADDRESS 32464 CITY-ST-ZIP WESTVILLE FL CITY-ST-ZIP BETTS, JEANNIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 1291 WELLS AVE STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WRIGHT, RONNIE NAME STREET ADDRESS 692 SEWELL FARMS RD STREET ADDRESS CITY-ST-7IP CHIPLEY FL 32428 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition Williams, Bill NAME STREET ADDRESS 2 HWY 77 N STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition FISH, P.P.(PETE) C NAME NAME STREET ADDRESS 506 S WAUKESHA ST STREET ADDRESS CITY-ST-ZIP **BONIFAY FL 32425** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GILMORE, JOYCE NAME NAME STREET ADDRESS 865 JELLY BEAN LANE STREET ADDRESS

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 in the corporation of the corporation or the receiver or trustee empowered. d that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CHIPLEY FL 32428

CITY-ST-ZIP

850-638-7517

FILED

NOT-FOR-PROFIT CORPORATION DR. # 731/69

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DOCUMENT # 1. Entity Name				400	T	
				ARC o	f Washington-Ho 1335 South B	lmes Counties, Inc
DO NOT WRI	TE IN THIS S	PAC	E		Chipley, Flori	
2. Principal Place of Business	3. Mailing Address	. Mailing Address			29190	4(30
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE
City & State	City & State	City & State		4. FEI Number Applied For		Applied For Not Applicable
Zip Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 Additional Fee Required
			Name	. Name and Address of Current Registered Agent		
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)			
IN THIS			01100171001030 (1	.o. box number is	THO Acceptable)	
	J. AOL	· · ·	City .		FL	Zip Code
The above named entity submits this statement	ent for the purpose of changing it	s registere	d office or register	ed agent, or both, i		amiliar with, and accept
the obligations of registered agent.						
SIGNATURE				· · · · · · · · · · · · · · · · · · ·		
Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered	Agent signature required	when rainstating)	DATE	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
FEE IS \$61.25 Initial or Amended UBR	9. Election Ca			\$5.00 May Be Added to Fees	Make Check	k Payable to truent of State
10. OFFICERS ANI	DIRECTORS					
TITLE Stephens, James						702)
STREET ADDRESS 880 main St			TADDRESS			(2) **
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TITLE NAME		NAME			^ ×	· · · · · · · · · · · · · · · · · · ·
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12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee attachment with an address, with all other like	ort is true and accurate and that r ampowered to execute this repo	THE COMMON WITH	ra chall have the er	armo loggal official co.	if conding and an authority a	
SIGNATURE:	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	R		Date De	rytime Phone #
						