

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **738051** (2)
1. Corporation Name
HOLMES COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

**106 E BYRD AVE.
P.O. BOX 779
BONIFAY FL 32425-3004**

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P.O. BOX 779
BONIFAY FL 32425-3004**

3. Date Incorporated or Qualified
02/09/1977

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1836672

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWEN, ROBERT A
406 SO WAUKESHA STR
BONIFAY FL 32425**

81 Name **WARREN, GRACE D.**
82 Street Address (P.O. Box Number is Not Acceptable) **106 E BYRD AVE
P.O. BOX 779**
83
84 City **BONIFAY** FL 85 **32425**

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 **GRACE D. WARREN, EXEC. VICE PRES.** *Grace D. Warren* 6/13/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BOWEN, ROBERT A**
STREET ADDRESS **406 SO WAUKESHA STR**
CITY-ST-ZIP **BONIFAY FL**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **SHUTE, HAL**
1.3 STREET ADDRESS **126 S WAUKESHA ST**
1.4 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE **D** ☒ DELETE
NAME **PARRISH, KEN**
STREET ADDRESS **RT 1 BOX 1160 NA**
CITY-ST-ZIP **BONIFAY FL**

2.1 TITLE **S/D** ☒ Change ☐ Addition
2.2 NAME **HOLMAN, JOAN**
2.3 STREET ADDRESS **109 N WAUKESHA**
2.4 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE **D** ☒ DELETE
NAME **HUDSON, MYRON**
STREET ADDRESS **211 E IOWA AVE**
CITY-ST-ZIP **BONIFAY FL**

3.1 TITLE **S/T/D** ☒ Change ☐ Addition
3.2 NAME **OWENS, STAN**
3.3 STREET ADDRESS **1604 S WAUKESHA**
3.4 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE **VD** ☒ DELETE
NAME **PHILLIPS, LOYE**
STREET ADDRESS **HWY 90 WEST**
CITY-ST-ZIP **BONIFAY FL**

4.1 TITLE **EV/D** ☒ Change ☐ Addition
4.2 NAME **GRACE WARREN**
4.3 STREET ADDRESS **1007 Weeks**
4.4 CITY-ST-ZIP **Bonifay, FL 32425**

TITLE **STD** ☒ DELETE
NAME **WELLS, TIM**
STREET ADDRESS **201 E. PENNSYLVANIA AVE**
CITY-ST-ZIP **BONIFAY FL**

5.1 TITLE **GEORGE, VIC** ☒ Change ☐ Addition
5.2 NAME **224 N WAUKESHA**
5.3 STREET ADDRESS **BONIFAY, FL 32425**
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MAJORS, DOYLE**
STREET ADDRESS **RT 1 BOX 157 NA**
CITY-ST-ZIP **CARYVILLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **GRACE D. WARREN** *Grace D. Warren* 6/13/96 (904) 547-4682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)