

3/31/97 10-3795C  
FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

**106 E BYRD AVE.  
P.O. BOX 779  
BONIFAY FL 32425-0779**



3. Date Incorporated or Qualified **02/09/1977** 3a. Date of Last Report **06/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **PO Box 779**

22 City & State

27 Suite, Apt. #, etc.  
28 **Bonifay, FL**

23 Zip Country

29 **32425** 30 **USA**

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

**WARREN, GRACE D  
106 E BYRD AVE PO BOX 779  
BONIFAY FL 32425**

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 *Grace Warren*  
Signature, typed or printed name of registered agent and title if applicable

**Grace Warren, Executive Director 3/26/97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **PD SHUTE, HAL**  
STREET ADDRESS **126 S WAUKESHA ST**  
CITY-ST-ZIP **BONIFAY FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD Anderson, Charles**  
1.3 STREET ADDRESS **409 S Oklahoma St**  
1.4 CITY-ST-ZIP **Bonifay, FL 32425**

TITLE ☐ DELETE  
NAME **SD HOLMAN, JOAN**  
STREET ADDRESS **109 N WAUKESHA**  
CITY-ST-ZIP **BONIFAY FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **STD OWENS, STAN**  
STREET ADDRESS **1604 S WAUKESHA**  
CITY-ST-ZIP **BONIFAY FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **VP/D William Janas**  
3.3 STREET ADDRESS **PO Box 939, St Johns Rd**  
3.4 CITY-ST-ZIP **Bonifay, FL 32425**

TITLE ☐ DELETE  
NAME **EVD WARREN, GRACE**  
STREET ADDRESS **1007 WEEKS**  
CITY-ST-ZIP **BONIFAY FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **STD GEORGE, VIC**  
STREET ADDRESS **224 N WAUKESHA**  
CITY-ST-ZIP **BONIFAY FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D Robert Bowen**  
6.3 STREET ADDRESS **402 N Waukesha**  
6.4 CITY-ST-ZIP **Bonifay, FL 32425**

14. I do 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.

SIGNATURE: *Grace Warren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/97 (904) 547-4682**  
Date Daytime Phone #00000000

CR2E037 (9/96)