

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-11-2004 90076 031 ****70.00

DOCUMENT # 738051	
1. Entity Name HOLMES COUNTY CHAMBER OF COMMERCE, INC.	

Principal Place of Business 106 E BYRD AVE. P.O. BOX 779 BONIFAY, FL 32425-3004	Mailing Address 106 E BYRD AVENUE BONIFAY, FL 32425 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1836672	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
EICKMAN, JYL 106 E BYRD AVENUE BONIFAY, FL 32425	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVIERE, BUD 3094 INDIAN CIRCLE MARIANNA, FL 32446 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Harry Bell 3102 Hoovers Mill Rd. Bonifay, FL 32425 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUEL, MANUEL 109 N WAUKESHA BONIFAY, FL 32425 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Shay McCormick 312 W. Pennsylvania Ave. Bonifay, FL 32425 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELL, HARRY 312 W PENNSYLVANIA ST BONIFAY, FL 32425 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jerry Wright 1774 Highway 177A Bonifay, FL 32425 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COATES, MARTIN PO BOX 810 BONIFAY, FL 32425 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSMAN, DON 911 N WAUKISHA STREET BONIFAY, FL 32425 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, PAUL 757 HOYT STREET CHIPLEY, FL 32428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 empowerment.

SIGNATURE: *[Signature]* *5/7/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Harry Bell* *6/1/04* Daytime Phone # _____