

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738051

FILED
Apr 03, 2006
Secretary of State

Entity Name: HOLMES COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

106 E BYRD AVE.
P.O. BOX 779
BONIFAY, FL 324253004

New Principal Place of Business:

Current Mailing Address:

106 E BYRD AVENUE
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 59-1836672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EICKMAN, JYL
106 E BYRD AVENUE
BONIFAY, FL 32425 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: PD () Delete
Name: BELL, HARRY
Address: 3102 HOOVERS MILL RD
City-St-Zip: BONIFAY, FL 32425

Title: VD () Delete
Name: HELMS, DR. BEVERLY
Address: 2954 BONIFAY GRITNEY ROAD
City-St-Zip: BONIFAY, FL 32425

Title: TD () Delete
Name: WRIGHT, JERRY
Address: 1774 HIGHWAY 177A
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HELMS, DR. BEVERLY
Address: 2954 BONIFAY GRITNEY ROAD
City-St-Zip: BONIFAY, FL 32425

Title: VD (X) Change () Addition
Name: ALVIS, MIKE
Address: 115 N WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

Title: TD (X) Change () Addition
Name: SPEAR, SANDY
Address: 300 N WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. BEVERLY HELMS

PD

04/03/2006

Electronic Signature of Signing Officer or Director

Date