

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738051

FILED  
Jul 19, 2007  
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:**

106 E BYRD AVE.  
BONIFAY, FL 324253004

**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 (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

EICKMAN, JYL  
106 E BYRD AVENUE  
BONIFAY, FL 32425 US

**Name and Address of New Registered Agent:**

BROOK, JAMES A.  
106 E BYRD AVENUE  
BONIFAY, FL 32425 US

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: JAMES A. BROOK

07/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

07/19/2007

Electronic Signature of Signing Officer or Director

Date