2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# 738051

Entity Name: HOLMES COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

106 E BYRD AVE.
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 ( )**
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:

JAMES A. BROOK
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: ALVIS, MIKE
Address: 115 N. WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

Title: VP ( ) Delete
Name: MILLER, LEN
Address: 107 EAST MONTANA AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: TD ( ) Delete
Name: BRUNER, MELISSA
Address: 402 NORTH 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: SLAY, BETTIE
Address: 205 E NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: TD (X) Change ( ) Addition
Name: BULLINGTON, BILL
Address: 120 HOLMES AVENUE
City-St-Zip: BONIFAY, FL 32425

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: JAMES A BROOK RA 06/16/2009
Electronic Signature of Signing Officer or Director — Date