

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90002 021 ****70.00

DOCUMENT # N01000007854

1. Entity Name
NED BROOKS/HOLMES FAMILY REUNION, INC.



Principal Place of Business
**532 DR. MARY MCLEOD BETHUNE BLVD.
SUITE D
DAYTONA BCH, FL 32114**

Mailing Address
**532 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH, FL 32114**

00040680



07032006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3758405

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COVINGTON AND ASSOCIATES, INC.
532 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH, FL 32114**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, DONALD 1614 SE 15TH AVE. GAINESVILLE, FL 32641	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, PRISCILLA P. O. BOX 1014 STARKE, FL 32091	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDWIRE, IDA P. O. BOX 423 ALACHUA, FL 32615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARVILLE, GLENDA 7336 CHILTON LANE RIVERDALE, GA 30296	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVINGTON, SYLVESTER 663 MADISON AVE. DAYTONA BCH, FL 32114	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, HOWARD 4306 S. LAKE ORLANDO PKWY. ORLANDO, FL 32808	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/C Wheeler, Donald 715 NE 21st Street Gainesville, FL 32641	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Williams, Priscilla 4558 SE 140th Terrace Starke, FL 32091	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Goldwire, Ida 15512 NW 141st Street Alachua, FL 32616	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Belford, Charon 13445 Bellewood Avenue Seminole, FL 33776	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Covington, Sylvester 532 Dr. Mary McLeod Bethune Blvd Daytona Beach, FL 32114	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brooks, Howard 4306 S. Lake Orlando parkway Orlando, FL 32808	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: Donald L. Wheeler 08/21/06 352-281-7349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 50026280
NED BROOKS/HOLMES FAMILY REUNION, INC

Headquarters: 532 Dr. Mary McLeod Bethune Blvd***Daytona Beach, FL***32114****(386) 239-9755

Mailing: Post Office Box 8155***Seminole, FL***33775****(352) 376-5346***(352) 281-7349 (cell)

email: NBHFR,Inc@acninc.net

Fax: 352-376-5346

website: www.nedbrooksholmes.com

***C. Belford,Treas**C. Brooks**H. Brooks**S. Covington**I. Goldwire, Sec**P. Grant**D. Wheeler, Pres**G. Thomas**P. Williams, VPres

2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (cont'd)

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11. [ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10]

A. TITLE-----D ☐ Change ☒ Addition
NAME-----GRANT, PATRICIA
STREET ADDRESS-----121 REARDEN LANE
CITY-ST-ZIP-----WALTERBORO, SC 29488

B. TITLE-----D ☐ Change ☒ Addition
NAME-----BROOKS, CHARLIE
STREET ADDRESS-----736 SOUTH BAILEY AVENUE
CITY-ST-ZIP-----BROOKSVILLE, FL 34601

C. TITLE-----D ☐ Change ☒ Addition
NAME-----THOMAS, GERALD
STREET ADDRESS-----1750 N CONGRESS AVENUE Apt C-401
CITY-ST-ZIP-----WEST PALM BEACH, FL 33401

SIGNATURE

Donald L. Wheeler

08/21/06

352-281-7349

Date

Daytime Phone #