

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007854

FILED
Apr 18, 2012
Secretary of State

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

Current Principal Place of Business:

532 DR. MARY MCLEOD BETHUNE BLVD.
SUITE D
DAYTONA BCH, FL 32114

New Principal Place of Business:

Current Mailing Address:

532 DR. MARY MCLEOD BETHUNE BLVD.
SUITE D
DAYTONA BCH, FL 32114

New Mailing Address:

FEI Number: 59-3758405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVINGTON AND ASSOCIATES, INC.
532 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH, FL 32114 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: PDC
Name: WHEELER, DONALD
Address: 715 NE 21ST STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: VD
Name: WILLIAMS, PRISCILLA
Address: 176 B NORTH CORAL REEF CT
City-St-Zip: PALM COAST, FL 32137

Title: SD
Name: GOLDWIRE, IDA
Address: 15512 NW 141ST STREET
City-St-Zip: ALACHUA, FL 32616

Title: TD
Name: BELFORD, CHARON
Address: 13445 BELLEWOOD AVE
City-St-Zip: SEMINOLE, FL 33776

Title: D
Name: COVINGTON, SYLVESTER
Address: 532 DR.MARY MCLEOD BETHUNE BLVD
City-St-Zip: DAYTONA BCH, FL 32114

Title: D
Name: BROOKS, HOWARD
Address: 4306 SOUTH LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

I hereby 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 all other like empowered.

SIGNATURE: DONALD WHEELER

PDC

04/18/2012

Electronic Signature of Signing Officer or Director

Date