

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90226 023 ****61.25

DOCUMENT # N04000002690

1. Entity Name

CRIME STOPPERS OF HOLMES COUNTY INC



Principal Place of Business

**211 N OKLAHOMA ST
BONIFAY FL 32425**

Mailing Address

**211 N OKLAHOMA ST
BONIFAY FL 32425**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30 0226 398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYNNE, CATHERINE D
1587 REDDICK MILL RD
GRACEVILLE FL 32440**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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
P OLIVER, O.J. 3046 HWY 2 BONIFAY FL 32425 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V WYNNE, CATHERINE D 1587 REDDICK MILL RD GRACEVILLE FL 32440 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V MCCORMICK, SHAY 312 W PENN AVE BONIFAY FL 32425 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
S WEST, JEAN 211 W IOWA AVE BONIFAY FL 32425 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
T YATES, KENNETH R 409 E INDIANA AVE BONIFAY FL 32425 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PC WELLS, CHRIS 211 N OKLAHOMA ST BONIFAY FL 32425 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Catherine D Wynne* **Catherine D Wynne** 4/25/05 858 547 0394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #