

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90018 045 \*\*\*\*61.25

<b>DOCUMENT # N04000002690</b> 1. Entity Name <b>CRIME STOPPERS OF HOLMES COUNTY INC</b>			
Principal Place of Business <b>211 N OKLAHOMA ST BONIFAY, FL 32425</b>		Mailing Address <b>211 N OKLAHOMA ST BONIFAY, FL 32425</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1004</b> Suite, Apt. #, etc.	
City & State <b>Bonifay</b>		City & State <b>Bonifay</b>	
Zip <b>32425</b>		Country <b>Holmes</b>	
4. FEI Number <b>30-0226398</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>WYNNE, CATHERINE D 1587 REDDICK MILL RD GRACEVILLE, FL 32440</del>		7. Name and Address of New Registered Agent Name <b>JANIS Barton</b> Street Address (P.O. Box Number is Not Acceptable) <b>1103 New Bayview Church Road</b> City <b>Bonifay</b> <b>FL</b> Zip Code <b>32425</b>	
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 <u><i>Janis Barton</i></u> <b>JANIS Barton - Project Director</b> <b>3/1/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>OLIVER, O.J.</b> <b>3046 HWY 2</b> <b>BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Project Director</b> <b>JANIS Barton</b> <b>1103 New Bayview Church Road</b> <b>Bonifay, FL 32425</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>WYNNE, CATHERINE D</b> <b>1587 REDDICK MILL RD</b> <b>GRACEVILLE, FL 32440</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Joe Galloway</b> <b>1797 Highway 2</b> <b>Westville, FL 32464</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MCCORMICK, SHAY</b> <b>312 W PENN AVE</b> <b>BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Tammy Flournoy</b> <b>313 Highway 2</b> <b>Graceville, FL 32440</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>WEST, JEAN</b> <b>211 W IOWA AVE</b> <b>BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>George Curry</b> <b>2826 Irene Street</b> <b>Ponce De Leon, FL 32455</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>YATES, KENNETH R</b> <b>409 E INDIANA AVE</b> <b>BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PC</b> <b>WELLS, CHRIS</b> <b>211 N OKLAHOMA ST</b> <b>BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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.			
<b>SIGNATURE:</b> <u><i>Janis Barton</i></u> <b>JANIS BARTON</b> <b>3/1/2006</b> <b>(850) 547-3651</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			