


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000002690</b> 1. Entity Name CRIME STOPPERS OF HOLMES COUNTY INC	
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Principal Place of Business 211 N OKLAHOMA ST BONIFAY, FL 32425	Mailing Address P.O. BOX 1004 BONIFAY, FL 32425
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<b>DO NOT WRITE IN THIS SPACE</b>
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04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0226398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BARTON, JANIS 1103 NEW BAGVIEW CHURCH RD BONIFAY, FL 32425
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	OFFICER
NAME	OLIVER, O.J.
STREET ADDRESS	3046 HWY 2
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	D
NAME	GALLOWAY, JOE
STREET ADDRESS	1797 HWY 2
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	V
NAME	MCCORMICK, SHAY
STREET ADDRESS	312 W PENN AVE
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	S
NAME	WEST, JEAN
STREET ADDRESS	211 W IOWA AVE
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	T
NAME	YATES, KENNETH R
STREET ADDRESS	409 E INDIANA AVE
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	PD
NAME	BARTON, JANIS
STREET ADDRESS	1103 NEW BAYVIEW CHURCH RD
CITY-ST-ZIP	BONIFAY, FL 32425

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04/19/07-80004-022 61.25

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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 or without other like empowered.

<b>SIGNATURE:</b> 	<b>4/4/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>