


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90024 010 ****61.25

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|---|--|--|---|---|--|
| DOCUMENT # N04000002690 | | | |  | |
| 1. Entity Name CRIME STOPPERS OF HOLMES COUNTY INC | | | | | |
| Principal Place of Business 211 N OKLAHOMA ST BONIFAY, FL 32425 | | | Mailing Address P.O. BOX 1004 BONIFAY, FL 32425 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 30-0226398 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BARTON, JANIS 1103 NEW BAGVIEW CHURCH RD BONIFAY, FL 32425 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE P NAME OLIVER, O.J. STREET ADDRESS 3046 HWY 2 CITY-ST-ZIP BONIFAY, FL 32425 | <input checked="" type="checkbox"/> Delete | | | | |
| TITLE D NAME GALLOWAY, JOE STREET ADDRESS 1797 HWY 2 CITY-ST-ZIP WESTVILLE, FL 32464 | <input checked="" type="checkbox"/> Delete | | | | |
| TITLE V NAME MCCORMICK, SHAY STREET ADDRESS 312 W PENN AVE CITY-ST-ZIP BONIFAY, FL 32425 | <input type="checkbox"/> Delete | | | | |
| TITLE S NAME WEST, JEAN STREET ADDRESS 211 W IOWA AVE CITY-ST-ZIP BONIFAY, FL 32425 | <input type="checkbox"/> Delete | | | | |
| TITLE T NAME YATES, KENNETH R STREET ADDRESS 409 E INDIANA AVE CITY-ST-ZIP BONIFAY, FL 32425 | <input type="checkbox"/> Delete | | | | |
| TITLE PD NAME BARTON, JANIS STREET ADDRESS 1103 NEW BAYVIEW CHURCH RD CITY-ST-ZIP BONIFAY, FL 32425 | <input type="checkbox"/> Delete | | | | |
| TITLE P/D NAME White, Larry G. STREET ADDRESS 1161 Alex Brown Rd. CITY-ST-ZIP Bonifay, FL 32425 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| TITLE D NAME Oliver, O.J. STREET ADDRESS 3046 Hwy 2 CITY-ST-ZIP Bonifay, FL 32425 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE D NAME moore, Aaron STREET ADDRESS 1484 Carmel church Rd. CITY-ST-ZIP Bonifay, FL 32425 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Larry G. White</u> 5/8/08 850 547-2913 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |