

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 27 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N20484 (4)**

1. Corporation Name

**WASHINGTON-HOLMES VOCATIONAL TECHNICAL CENTER FO  
UNDATION, INC.**

Principal Place of Business

Mailing Address

**C/O GERALD HOLLEY  
102 E. CHURCH AVENUE  
CHIPLEY FL 32428**

**C/O GERALD HOLLEY  
102 E. CHURCH AVENUE  
CHIPLEY FL 32428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1987**

3a. Date of Last Report

**08/11/1994**

4. FEI Number

**59-2810664**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLLEY, GERALD  
102 E. CHURCH AVENUE  
CHIPLOEY FL 32428**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
DOUGHERTY, JOHN F., III  
400 S. SIXTH ST.  
CHIPLEY FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**D  
Gunter, William H., Sr.  
Rt 5 Box 870  
Chipley, FL 32428**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
SAUNDERS, WAYNE  
215 CANDY LN  
CHIPLEY FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**D  
Mason, Steve  
P O Drawer K  
Chipley, FL 32428**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
RICH, GLENN  
211 E. PENNSYLVANIA AVE.  
BONIFAY FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**D  
Collins, Luckett Sr.  
P O Box 484  
Chipley, FL 32428**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
PROUGH, GENE  
RT. 5 BOX 464  
CHIPLEY FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

**D  
Norris, Raymond  
213 Bell Rd  
Chipley, FL 32428**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
ENGLAND, DAVID  
W. POINT PEPPERELL  
CHIPLEY FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
HUDSON, BILLIE  
210 SOUTH 6TH STREET  
CHIPLEY FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William H. Gunter, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

*William H. Gunter, Sr.*

Date

Daytime Phone #

*3-30-95*

*438-1588*