

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20484 (4)

1. Corporation Name

WASHINGTON-HOLMES VOCATIONAL TECHNICAL CENTER FOUNDATION, 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

3. Date Incorporated or Qualified

05/05/1987

3a. Date of Last Report

04/27/1995

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

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**

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

☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☐ DELETE

NAME **D GUNTER, WILLIAM H. S**
STREET ADDRESS **RT 5 BOX 870 N/A**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☐ DELETE

NAME **D MASON, STEVE**
STREET ADDRESS **PO DRAWER K**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☐ DELETE

NAME **D COLLINS, LUCKETT S**
STREET ADDRESS **PO BOX 484**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☐ DELETE

NAME **D NORRIS, RAYMOND**
STREET ADDRESS **213 BELL ROAD**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☒ DELETE

NAME **D ENGLAND, DAVID**
STREET ADDRESS **W. POINT PEPPERELL**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☒ DELETE

NAME **D HUDSON, BILLIE**
STREET ADDRESS **210 SOUTH 6TH STREET**
CITY-ST-ZIP **CHIPLEY FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

**Ray, Ralph W.
611 South 3rd Ave.
Chipley, FL 32428**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

**Uptagrafft, Cathy
1919 Hwy 71
Marianna, FL 32446**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

**Saunders, Wayne
215 Candy Lane
Chipley, FL 32428**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)