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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32428C/O GERALD HOLLEY
102 E. CHURCH AVENUE
CHIPLEY FL 32428-14363. Date Incorporated or Qualified
05/05/19873a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 1052 Hwy 277

26 1052 Hwy 277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Chipley FL

28 Chipley FL

Zip

Country

Zip

Country

24 32428

25 USA

29 32428

30 USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GUNTER, WILLIAM H. S
STREET ADDRESS RT 5 BOX 870 N/A
CITY-ST-ZIP CHIPLEY FL1.1 TITLE D, P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1052 Hwy 277
1.4 CITY-ST-ZIP Chipley FL 32428TITLE D ☒ DELETE
NAME MASON, STEVE
STREET ADDRESS PO DRAWER K
CITY-ST-ZIP CHIPLEY FL2.1 TITLE D, VP ☐ Change ☒ Addition
2.2 NAME Richard Miller
2.3 STREET ADDRESS 1396 Jackson Ave
2.4 CITY-ST-ZIP Chipley FL 32428TITLE D ☒ DELETE
NAME COLLINS, LUCKETT S
STREET ADDRESS PO BOX 484
CITY-ST-ZIP CHIPLEY FL3.1 TITLE T, D ☐ Change ☒ Addition
3.2 NAME Stephen B Register Jr
3.3 STREET ADDRESS 1552 Brickyard Road
3.4 CITY-ST-ZIP Chipley FL 32428TITLE D ☐ DELETE
NAME NORRIS, RAYMOND
STREET ADDRESS 213 BELL ROAD
CITY-ST-ZIP CHIPLEY FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME RAY, RALPH W.
STREET ADDRESS 611 SOUTH 3RD AVENUE
CITY-ST-ZIP CHIPLEY FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME UPTAGRAFFT, CATHY
STREET ADDRESS 1919 HWY 71
CITY-ST-ZIP MARIANNA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William H Gunter

5/6/97

904)638-1180

Date

Daytime Phone 90009977

CR2E037 (9/96)