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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20484

1. Corporation Name

WASHINGTON-HOLMES VOCATIONAL TECHNICAL CENTER FOUNDATION, INC.

Principal Place of Business

757 HOYT ST.
 CHIPLEY FL 32428
 US

Mailing Address

757 HOYT ST.
 CHIPLEY FL 32428
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/05/1987
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2810664
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

~~HOLLEY, GERALD~~
~~102 E. CHURCH AVENUE~~
~~CHIPLEY FL 32428~~
HOLLEY, GERALD
1282 B Church Avenue
Chipley, Florida 32428

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, HOWARD	1.2 NAME	
STREET ADDRESS	RT 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARYVILLE FL 32427	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENCIA, JUIS	2.2 NAME	Valencia, Luis
STREET ADDRESS	1334 RAILROAD AVE.	2.3 STREET ADDRESS	1334 Railroad Avenue
CITY-ST-ZIP	CHIPLEY FL 32428	2.4 CITY-ST-ZIP	Chipley, Florida 32428
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, STEPHEN B. J	3.2 NAME	
STREET ADDRESS	1552 BRICKYARD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	3.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, RICHARD	4.2 NAME	Saunders, Wayne
STREET ADDRESS	1396 JACKSON AVE.	4.3 STREET ADDRESS	847 Candy Lane
CITY-ST-ZIP	CHIPLEY FL 32428	4.4 CITY-ST-ZIP	Chipley, Florida 32428
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, RALPH W.	5.2 NAME	
STREET ADDRESS	813 3RD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPTAGRAFFT, CATHY	6.2 NAME	
STREET ADDRESS	1919 HWY 71	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32448	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *John Dougherty, III* **REQUIRED** John Dougherty, III 01/15/99 (850)638-7615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)