

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N20484**

1. Entity Name

**WASHINGTON-HOLMES TECHNICAL CENTER FOUNDATION, I
NC.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2810664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLEY, GERALD
1282 B CHURCH AVE
CHIPLEY FL 32428**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **DOUGHERTY, JOHN III**
STREET ADDRESS **904 MAIN STREET.**
CITY-ST-ZIP **CARYVILLE FL 32427**TITLE **Secretary** ☐ Change ☒ Addition
NAME **Paul Parker**
STREET ADDRESS **1797 Gainer Rd**
CITY-ST-ZIP **Chipley, FL 32428**TITLE **D** ☐ Delete
NAME **VALENCIA, LUIS**
STREET ADDRESS **1334 RAILROAD AVE.**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **Director** ☐ Change ☒ Addition
NAME **Ralph Ray**
STREET ADDRESS **819 3rd St.**
CITY-ST-ZIP **Chipley, FL 32428**TITLE **TD** ☐ Delete
NAME **REGISTER, STEPHEN B. J**
STREET ADDRESS **1552 BRICKYARD ROAD**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **Director** ☐ Change ☒ Addition
NAME **Bill Gunter**
STREET ADDRESS **779 Dogwood Lane**
CITY-ST-ZIP **Chipley, FL 32428**TITLE **VC** ☐ Delete
NAME **SAUNDERS, WAYNE**
STREET ADDRESS **847 CANDY LANE**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **Director** ☐ Change ☒ Addition
NAME **Ricky martin**
STREET ADDRESS **1195 Jackson Ave**
CITY-ST-ZIP **Chipley, FL 32428**TITLE **D** ☐ Delete
NAME **ELLIS, TERRY**
STREET ADDRESS **1303 PINE BLUFF COURT**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **ELLIS, TERRY**
STREET ADDRESS **700 SECOND ST**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **Paul Parker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Parker**1-17-02 (850)638-1180**

Date

Daytime Phone #

CR2E037 (9/01)