


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90009 009 \*\*\*\*70.00

<b>DOCUMENT # N20484</b> 1. Entity Name <b>WASHINGTON-HOLMES TECHNICAL CENTER FOUNDATION, INC.</b>					
Principal Place of Business <b>757 HOYT ST. CHIPLEY, FL 32428 US</b>			Mailing Address <b>757 HOYT ST. CHIPLEY, FL 32428 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2810664</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HOLLEY, GERALD 1282 B CHURCH AVE CHIPLEY, FL 32428</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOUGHERTY, JOHN III 904 MAIN STREET. CARYVILLE, FL 32427 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, LUIS <input checked="" type="checkbox"/> Delete 1334 RAILROAD AVE. CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REGISTER, STEPHEN B. J. <input type="checkbox"/> Delete 1552 BRICKYARD ROAD CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SAUNDERS, WAYNE <input type="checkbox"/> Delete 847 CANDY LANE CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, TERRY <input checked="" type="checkbox"/> Delete 1303 PINE BLUFF COURT CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, PAUL <input type="checkbox"/> Delete 1797 GAINER RD CHIPLEY, FL 32428			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Paul Parker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Paul Parker Date <b>July 13, 2004</b> (850)638-1180 <small>Daytime Phone #</small>	

**54062792**



07082004 Chg-NP CR2E037 (10/03)