

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N20484

1. Entity Name
**WASHINGTON-HOLMES TECHNICAL CENTER
FOUNDATION, INC.**



Principal Place of Business
**757 HOYT ST.
CHIPLEY, FL 32428 US**

Mailing Address
**757 HOYT ST.
CHIPLEY, FL 32428 US**



03092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2810664

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

6. 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | C |
| NAME | DOUGHERTY, JOHN III |
| STREET ADDRESS | 904 MAIN STREET. |
| CITY-ST-ZIP | CARYVILLE, FL 32427 |
| TITLE | T |
| NAME | REGISTER, STEPHEN B. J |
| STREET ADDRESS | 1552 BRICKYARD ROAD |
| CITY-ST-ZIP | CHIPLEY, FL 32428 |
| TITLE | VC |
| NAME | SAUNDERS, WAYNE |
| STREET ADDRESS | 847 CANDY LANE |
| CITY-ST-ZIP | CHIPLEY, FL 32428 |
| TITLE | S |
| NAME | PARKER, PAUL |
| STREET ADDRESS | 1797 GAINER RD |
| CITY-ST-ZIP | CHIPLEY, FL 32428 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/26/05-80037-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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 **Paul Parker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2005 850-638-1180

Date

Daytime Phone #