2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 21, 2008 8:00 am Secretary of State DOCUMENT # N20484 05-21-2008 90018 036 ****61.25 1. Entity Name WASHINGTON-HOLMES TECHNICAL CENTER FOUNDATION, INC. Principal Place of Business Mailing Address 757 HOYT ST. 757 HOYT ST. CHIPLEY, FL 32428 CHIPLEY, FL 32428 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05082008 Chq-NP CR2E037 (12/06) City & State 4. FEI Number 59-2810664 City & State Applied For Not Applical Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLEY, GERALD Street Address (P.O. Box Number is Not Acceptable) 1282 B CHURCH AVE CHIPLEY, FL 32428 City 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 acce SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Treasurer TITLE ☐ Delete TITLE Change Addit John Dougher DOUGHERTY, JOHN III NAME 904 MAIN STREET. god main strea STREET ADDRESS STREET ADDRESS CARYVILLE, FL 32427 CITY-ST-ZIP CITY-ST-ZIP Chiples, FL ☐ Delete TITLE TITLE Chai'rman Change Addit Darren Wall WALL, DARREN NAME NAME STREET ADDRESS PO BOX 64 STREET ADDRESS \$ 0 BOX 64 CITY-ST-ZIP CHIPLEY, FL 32428 CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addit SAUNDERS, WAYNE NAME NAME 847 CANDY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIPLEY, FL 32428 CITY+ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addit SMITH, TOMMY NAME NAME STREET ADDRESS 757 HOYT ST STREET ADDRESS CITY-ST-ZIP CHIPLEY, FL 32428 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addit Change

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address , with all other like empo

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ama SIGNATURE AND TYPED OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #