

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24086

1. Entity Name

HOLMES COUNTY CHAPTER #4092 OF AMERICAN ASSOCIAT

Principal Place of Business

Mailing Address

C/O COUNCIL ON AGING  
210 WEST KANSAS  
BONIFAY FL 32425

C/O COUNCIL ON AGING  
210 WEST KANSAS  
BONIFAY FL 32425-1915

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

33-0182671

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MARTIN, HELEN  
210 WEST KANSAS  
BONIFAY FL 32425

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MARTIN, HELEN  
STREET ADDRESS P.O. BOX 52  
CITY-ST-ZIP BONIFAY FL 32425

TITLE SD ☐ Delete  
NAME KETCHERSIDE, JEAN  
STREET ADDRESS P.O. BOX 1111  
CITY-ST-ZIP BONIFAY FL 32425

TITLE TD ☐ Delete  
NAME WHITE, ODESSA  
STREET ADDRESS ROUTE 3 BOX 1078  
CITY-ST-ZIP BONIFAY FL 32425

TITLE VPD ☐ Delete  
NAME QUICK, HOWARD  
STREET ADDRESS ROUTE 4 BOX 352  
CITY-ST-ZIP BONIFAY FL 32425

TITLE D ☐ Delete  
NAME CARROLL, DOT  
STREET ADDRESS ROUTE 3 BOX 60  
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90025 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

550-547  
438

1/18/2000