FILED
Mar 20, 2001 8:00 am
Secretary of State

01-27-2001 90088 042 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

31713 [redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # N24086

1. Entity Name

HOLMES COUNTY CHAPTER #4092 OF AMERICAN ASSOCIAT

Principal Place of Business	Mailing Address
C/O COUNSIL ON AGING 210 WEST KANSAS BONIFAY FL 32425	C/O COUNSIL ON AGING 210 WEST KANSAS BONIFAY FL 32425

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
MARTIN, HELEN 210 WEST KANSAS BONIFAY FL 32425 Moved 210 West Kansas Bonifay FL 32425	FRANK ANKRICH P.O. BOX 1081 BONIFAY Florida 32426 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 Frank Ankrich (Agent) 3/16/01

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME MARTIN, HELEN STREET ADDRESS P.O. BOX 52 MOVED TO MARYLAND CITY-ST-ZIP BONIFAY FL 32425 ☐ Delete	TITLE NAME STREET ADDRESS GONE CITY-ST-ZIP ☐ Change ☐ Addition
TITLE SD NAME KETCHERSIDE, JEAN STREET ADDRESS P.O. BOX 1111 SAME Address CITY-ST-ZIP BONIFAY FL 32425 ☐ Delete	TITLE SECRETARY NAME STREET ADDRESS P.O Box 1111 CITY-ST-ZIP Bonifay, FL 32425 ☐ Change ☐ Addition
TITLE TD NAME WHITE, ODESSA STREET ADDRESS ~~ROUTE 3 BOX 1079~~ P.O. Box 1235 CITY-ST-ZIP BONIFAY FL 32425 Bonifay FL 32425 ☐ Delete	TITLE Treasurer NAME Odessa White STREET ADDRESS P.O. Box 1235 Bonifay FL. 32425 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VPD NAME PARKER, JAMIE 502 W. KANSAS AVENUE STREET ADDRESS ROUTE A BOX 352 Bonifay, FL 32425 CITY-ST-ZIP BONIFAY FL 32425 ☐ Delete	TITLE Vice president NAME Jamie Parker STREET ADDRESS 502 West Kansas Ave. CITY-ST-ZIP Bonifay, FL. 32425 ☐ Change ☐ Addition
TITLE D NAME CARROLL, DOT 2103 Hwy 177 STREET ADDRESS ~~ROUTE 3 BOX 60~~ Bonifay FL 32425 CITY-ST-ZIP BONIFAY FL 32425 ☐ Delete	TITLE NAME Membership STREET ADDRESS Newsletter CITY-ST-ZIP ☐ Change ☐ Addition
TITLE PD NAME Frank Ankrich STREET ADDRESS P.O. Box 1081 Bonifay CITY-ST-ZIP FL. 32425 ☐ Delete	TITLE NAME Frank Ankrich STREET ADDRESS Previous Chapter 4092 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (10/00)

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: Treasurer SIGNATURE REQUIRED Date 1-18-2001 Daytime Phone # 850-547-3814

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR