


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90019 037 ****61.25

DOCUMENT # N25370 1. Entity Name THE HOLMES COUNTY HISTORICAL SOCIETY, INC.					
Principal Place of Business 412 W. KANSAS BONIFAY, FL 32425 US			Mailing Address 412 W. KANSAS BONIFAY, FL 32425 US		
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 59-2965732	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOMER, JOHN 1004 SCENIC HILL CIRCLE BONIFAY, FL 32425				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CYPHER, LOIS 1728 FLOWING WELL RD BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAVONNE TARDIE 2300 BROOKS DR. BONIFAY FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARISCO, BETTY P.O. BOX 1127 BONIFAY, FL 32425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILDRED WILLIAMS PO BOX 1172 BONIFAY FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOMER, JOHN 1004 SCENIC HILL CIRCLE BONIFAY, FL 32425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILL LEAVINS 2892 BILL LEAVINS LN PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, TRISHA 3511 PIPKIN RD, P.O. BOX 961 BONIFAY, FL 32425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JAMES T P.O. BOX 1172 BONIFAY, FL 32425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, MILDRED 2206 HWY 90 BONIFAY, FL 32425	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John Coomer</u> 3-2-06 850-547-2382 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

JOHN COOMER