2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N25370

Entity Name: THE HOLMES COUNTY HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

412 W. KANSAS
BONIFAY, FL 32425 US

New Principal Place of Business:

Current Mailing Address:

412 W. KANSAS
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 59-2965732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOMER, JOHN
1004 SCENIC HILL CIRCLE
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	BROWN, SUE	
Address:	1955 N HWY 181	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	D	( ) Delete
Name:	WILLIAMS, MILDRED	
Address:	POB 1172	
City-St-Zip:	BONIFAY, FL 32425	
Title:	P	( ) Delete
Name:	HARLUS, HAZEL	
Address:	4011 SAND PATH RD	
City-St-Zip:	BONIFAY, FL 32425	
Title:	S	( ) Delete
Name:	COOMER, JOHN	
Address:	1004 SCENIC HILL CIR	
City-St-Zip:	BONIFAY, FL 32425	
Title:	D	( ) Delete
Name:	WILLIAMS, JAMES T	
Address:	P.O. BOX 1172	
City-St-Zip:	BONIFAY, FL 32425	
Title:	T	( ) Delete
Name:	SMITH, DANIEL	
Address:	1517 HWY 177	
City-St-Zip:	BONIFAY, FL 32425	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VP	(X) Change ( ) Addition
Name:	HARCUS, HAZEL	
Address:	4011 SAND PATH RD.	
City-St-Zip:	BONIFAY, FL 32425	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	BROWN, SUE E	
Address:	1955 NORTH HWY 181	
City-St-Zip:	WESTVILLE, FL 32464	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COOMER S 01/12/2009

Electronic Signature of Signing Officer or Director — Date