

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25370

FILED
Jan 19, 2010
Secretary of State

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
Name: BOWN, SUE
Address: 1955 NORTH HWY 181
City-St-Zip: WESTVILLE, FL 32464

Title: D
Name: WILLIAMS, MILDRED
Address: POB 1172
City-St-Zip: BONIFAY, FL 32425

Title: P
Name: CYPHER, LOIS
Address: 1728 FLOWING WELL ROAD
City-St-Zip: BONIFAY, FL 32425

Title: S
Name: COOMER, JOHN
Address: 1004 SCENIC HILL CIR
City-St-Zip: BONIFAY, FL 32425

Title: D
Name: WILLIAMS, JAMES T
Address: P.O. BOX 1172
City-St-Zip: BONIFAY, FL 32425

Title: T
Name: TARDIF, LAVONNE
Address: 2300 BROOKS DR.
City-St-Zip: BONIFAY, FL 32425

I hereby 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 all other like empowered.

SIGNATURE: LAVONNE TARDIF

TREA

01/19/2010

Electronic Signature of Signing Officer or Director

Date