

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 046 ****70.00

DOCUMENT # N48565

1. Entity Name
HOLMES COUNTY HOSPITAL CORPORATION



Principal Place of Business
**401 E BYRD AVENUE
BONIFAY, FL 32425**

Mailing Address
**P.O. BOX 307
BONIFAY, FL 32425**

40099655



2. Principal Place of Business

3. Mailing Address

P.O. Box 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032006 Chg-NP CR2E037 (4/06)

City & State

City & State

Bonifay, Florida

4. FEI Number
59-6031176

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

32425

Holmes

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

**HOWELL, WILLIAM S JR
1727 S CO HWY 393
SANTA ROSA BEACH, FL 32459**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**C D
BLITCH, BRENDA
P O BOX 142
BONIFAY, FL 32425** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Sowell, Joseph
1322 Sowell Road
Bonifay, Florida 32425** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S D
FISANICK, FELECIA
1004 N OKLAHOMA STREET
BONIFAY, FL 32425** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CULLIFER, OSCAR
1830 HWY 179A
WESTVILLE, FL 32464** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIXON, FLORA
1012 ST. MARK STREET
NOMA, FL 32425** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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☐ Delete

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☐ Change ☐ Addition

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:

Brenda J. Blitch

Brenda J. Blitch

07/03/2006

Date

850-542-1168

Daytime Phone #