

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48565

FILED
Feb 06, 2009
Secretary of State

Entity Name: HOLMES COUNTY HOSPITAL CORPORATION

Current Principal Place of Business:

2600 HOSPITAL DRIVE
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

PO BOX 188
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-6031176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, WILLIAM S JR
1727 S CO HWY 393
SANTA ROSA BEACH, FL 32459 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: S D () Delete
Name: FISANICK, FELECIA
Address: 1004 N OKLAHOMA STREET
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: CULLIFER, OSCAR
Address: 1830 HWY 179A
City-St-Zip: WESTVILLE, FL 32464

Title: D () Delete
Name: DIXON, FLORA
Address: 1012 ST. MARK STREET
City-St-Zip: NOMA, FL 32425

Title: CD () Delete
Name: HOWELL, JOSEPH
Address: 1322 SOWELL RD
City-St-Zip: BONIFAY, FL 32425

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: SOWELL, JOSEPH
Address: 1322 SOWELL RD
City-St-Zip: BONIFAY, FL 32425

Title: D () Change (X) Addition
Name: HOWELL, SEABORN
Address: 309 S WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

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: JOSEPH SOWELL

CD

02/06/2009

Electronic Signature of Signing Officer or Director

Date