

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N51109 (9)**  
1. Corporation Name  
**CITIZENS VOICE ASSOCIATION OF HOLMES COUNTY, INC**



Principal Place of Business Mailing Address  
**POST OFFICE BOX 594** **POST OFFICE BOX 594**  
**BONIFAY FL 32425** **BONIFAY FL 32425**  
**US** **US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/28/1992</b>		3a. Date of Last Report <b>02/15/1995</b>	
21		26		4. FEI Number <b>59-3094570</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25					

## 9. Name and Address of Current Registered Agent

**LABARRE, ELOISE**  
**205 EAST WISCONSIN AVENUE**  
**BONIFAY FL 32425**

## 10. Name and Address of New Registered Agent

81	Name	<b>Eunice Quick</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>Rt 4 Box 352</b>
83		
84	City	<b>BONIFAY</b>
85	Zip Code	<b>FL 32425</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Eunice Q. Quick*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Apr. 3, 1996*  
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/D's</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LABARRE, ELOISE</b>	1.2 NAME	<b>Quick, Eunice</b>
STREET ADDRESS	<b>205 EAST WISCONSIN AVENUE</b>	1.3 STREET ADDRESS	<b>Rt 4 Box 352</b>
CITY-ST-ZIP	<b>BONIFAY FL 32425</b>	1.4 CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUICK, EUNICE</b>	2.2 NAME	<b>Coomer, John</b>
STREET ADDRESS	<b>RT 4 BOX 352 N/A</b>	2.3 STREET ADDRESS	<b>610 N. Cotton St.</b>
CITY-ST-ZIP	<b>BONIFAY FL</b>	2.4 CITY-ST-ZIP	<b>BONIFAY, FL 32425</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSWELL, THOMAS R.</b>	3.2 NAME	
STREET ADDRESS	<b>512 WAUKESHA STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONIFAY FL 32425</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATERS, JAMES L.</b>	4.2 NAME	
STREET ADDRESS	<b>ROUTE 4, BOX 64</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONIFAY FL 32425</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Eunice Q. Quick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr. 3, 1996*  
Date

Daytime Phone #

CR2E037 (12/95)