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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51109

1. Corporation Name

CITIZENS VOICE ASSOCIATION OF HOLMES COUNTY, INC

Principal Place of Business

POST OFFICE BOX 594
BONIFAY FL 32425
US

Mailing Address

POST OFFICE BOX 594
BONIFAY FL 32425
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/28/1992

4. FEI Number

59-3094570

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**QUICK, EUNICE
RT 4 BOX 352
BONIFAY FL 32425**

10. Name and Address of New Registered Agent

81 Name **Amy Loflin**
82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 4 BOX 600
83
84 City **Bonifay** FL 85 Zip Code **32425**

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

Amy Loflin, pres. *Amy Loflin* *4/20/99*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ DELETE
NAME **LOFLIN, AMY**
STREET ADDRESS **RT 4 BOX 600**
CITY-STATE-ZIP **BONIFAY FL**

TITLE **VD** ☐ DELETE
NAME **LITTLE, BENNY**
STREET ADDRESS **RT 2 BOX 45-H**
CITY-STATE-ZIP **BONIFAY FL**

TITLE **TD** ☐ DELETE
NAME **WATERS, JAMES L.**
STREET ADDRESS **ROUTE 4, BOX 64**
CITY-STATE-ZIP **BONIFAY FL 32425**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SECRETARY**
4.3 STREET ADDRESS **WATERS, JAMES**
RT. 4, BOX 64
4.4 CITY-STATE-ZIP **Bonifay FL 32425**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amy Loflin **AMY LOFLIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

850-547-1585
Daytime Phone #

001037 (1/98)