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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

# DOCUMENT # N93000000387

1. Corporation Name

**HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION , INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| RT 1. BOX 392<br>BONIFAY FL 32425<br>US | PO BOX 188<br>WESTVILLE FL 32464-0188<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified: 01/25/1993

4. FEI Number: 59-3472194 ☐ 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

EVANS, GWENDOLYN
RT 1 BOX 356
WESTVILLE FL 32464

10. Name and Address of New Registered Agent

81 Name: Rebecca D Prescott
82 Street Address (P.O. Box Number is Not Acceptable): 1654 Samson Hwy
83
84 City: Westville FL 85 Zip Code: 32464

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: Rebecca D Prescott - President — DATE: 4/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHIE<br>KEETON, JOHNE E<br>RT 2 BOX 343<br>CARYVILLE FL 32427 | ☒ DELETE | 1.1 TITLE D<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | President<br>Rebecca D. Prescott<br>1654 Samson Hwy<br>Westville, Fla 32464 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASCH<br>EVANS, GWENDOLYN<br>RT 1 BOX 35625<br>WESTVILLE FL 32464 | ☒ DELETE | 2.1 TITLE D V<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | Dewey Crutchfield<br>Rt. 2 Bx 325<br>Caryville, Fl 32427 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>PRESCOTT, BECKY<br>RT 3 BOX 370C<br>WESTVILLE FL 32464 | ☒ DELETE | 3.1 TITLE S<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | Gwendolyn Evans<br>1969 Hwy 2<br>Westville, Fl 32464 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BANKS, VAUGHN<br>PO BOX 7 (N/A)<br>WESTVILLE FL 32464 | ☒ DELETE | 4.1 TITLE T<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | Fudgie Middlebrooks<br>Rt. 3 Bx 10<br>Bonifay, Fl 32425 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MIXON, COY<br>PO BOX 170 (N/A)<br>NOMA FL 32452 | ☒ DELETE | 5.1 TITLE D<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | TR<br>Donnie Hood<br>Rt. 2 Bx 292L<br>Bonifay, Fl 32425 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>REMMEL, BARRY<br>PO BOX 33 (N/A)<br>PONCE DE LEON FL 32455 | ☒ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | | ☒ Change ☐ Addition |

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Rebecca D Prescott — 4/1/99 — 850 956 2556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)