2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000387

1. Entity Name
HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
107 E VIRGINIA AVENUE BONIFAY, FL 32425 US	1969 HWY 2 WESTVILLE, FL 32464 US

DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3472194 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUTCHFIELD, DEWEY
1553 HWY 179
BONIFAY, FL 32425

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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 Dewey Crutchfield 1-8-04
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 May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EVANS, GWENDOLYN
STREET ADDRESS	1969 HWY 2
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	DV
NAME	CRUTCHFIELD, DEWEY
STREET ADDRESS	RT 2, BOX 325
CITY-ST-ZIP	CARYVILLE, FL 32427
TITLE	VD
NAME	HALL, JERRY
STREET ADDRESS	2062 HWY 179
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	T
NAME	BANKS, VAUGHN
STREET ADDRESS	P.O. BOX 14
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	S
NAME	EVANS, GWENDOLYN
STREET ADDRESS	1969 HWY 2
CITY-ST-ZIP	WESTVILLE, FL 32464
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/04-80036-004 61.25

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12. 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 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: [signature] 1-8-04 8509562813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #