

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90031 022 ****61.25

DOCUMENT # N93000000387

1. Entity Name

**HOLMES COUNTY VOLUNTEER FIREFIGHTERS
ASSOCIATION, INCORPORATED**



Principal Place of Business

**107 E VIRGINIA AVENUE
BONIFAY FL 32425
US**

Mailing Address

**1969 HWY 2
WESTVILLE FL 32464
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**CRUTCHFIELD, DEWEY
1553 HWY 179
BONIFAY FL 32425**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **EVANS, GWENDOLYN**
CITY-ST-ZIP **1969 HWY 2
WESTVILLE FL 32464**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **CRUTCHFIELD, DEWEY**
CITY-ST-ZIP **RT 2, BOX 325
CARYVILLE FL 32427**

TITLE ☐ Change ☒ Addition
NAME **Vice Pres**
STREET ADDRESS **SHAY MC CORMICK**
CITY-ST-ZIP **312 W. Pennsylvania
Bonifay, FL 32425**

TITLE ☒ Delete
NAME **VD**
STREET ADDRESS **HALL, JERRY**
CITY-ST-ZIP **2062 HWY 179
BONIFAY FL 32425**

TITLE ☐ Change ☒ Addition
NAME **DEWEY CRUTCHFIELD**
STREET ADDRESS **member at Large**
CITY-ST-ZIP **1553 HWY 179
Bonifay, FL 32425**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **BANKS, VAUGHN**
CITY-ST-ZIP **P.O. BOX 14
WESTVILLE FL 32464**

TITLE ☐ Change ☒ Addition
NAME **JERRY WALL**
STREET ADDRESS **Treasurer**
CITY-ST-ZIP **1892 Pollard Harris Rd.
Bonifay, FL 32425**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **EVANS, GWENDOLYN**
CITY-ST-ZIP **1969 HWY 2
WESTVILLE FL 32464**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gwendolyn Evans **Gwendolyn EVANS**

Date

3-12-05 8509562626

Daytime Phone #