

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000387

FILED
Feb 09, 2006
Secretary of State

Entity Name: HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

107 E VIRGINIA AVENUE
BONIFAY, FL 32425 US

New Principal Place of Business:

1969 HIGHWAY 2
WESTVILLE, FL 32464 US

Current Mailing Address:

1969 HWY 2
WESTVILLE, FL 32464 US

New Mailing Address:

FEI Number: 59-3472194 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRUTCHFIELD, DEWEY
1553 HWY 179
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EVANS, GWENDOLYN
Address: 1969 HWY 2
City-St-Zip: WESTVILLE, FL 32464

Title: VP () Delete
Name: MC CORMICK, SHAY
Address: 312 W PENNSYLVANIA
City-St-Zip: BONIFAY, FL 32425

Title: M () Delete
Name: CRUTCHFIELD, DEWEY
Address: 1553 HWY 179
City-St-Zip: BONIFAY, FL 32425

Title: T () Delete
Name: HALL, JERRY
Address: 1892 POLLARD HARRIS RD
City-St-Zip: BONIFAY, FL 32425

Title: S () Delete
Name: EVANS, GWENDOLYN
Address: 1969 HWY 2
City-St-Zip: WESTVILLE, FL 32464

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CORCORAN, CHARLES
Address: 3263 HIGHWAY 2
City-St-Zip: BONIFAY, FL 32425

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: CRUTCHFIELD, DEWEY
Address: 1553 HIGHWAY 179
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN EVANS

P

02/09/2006

Electronic Signature of Signing Officer or Director

Date