2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 30, 2009
Secretary of State

DOCUMENT# N93000000387

Entity Name: HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2523 N PINE ST.
WESTVILLE, FL 32464 US

New Principal Place of Business:

809 SOUTH WAUKESHA STREET
BONIFAY, FL 32425 US

Current Mailing Address:

PO BOX 1
PONCE DE LEON, FL 32455 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:

LOCKE, JOHNNY
1926 HWY 90
WESTVILLE, FL 32464 US

Name and Address of New Registered Agent:

MESSER, LANDIS
2324 IDLEWOOD DRIVE
BONIFAY, FL 32425 US

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: LANDIS MESSER 10/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MESSER, LANDIS
Address: 2324 IDLEWOOD DRIVE
City-St-Zip: BONIFAY, FL 32425

Title: VP ( ) Delete
Name: MC CORMICK, SHAY
Address: 301 NORTH HARVEY ETHERIDGE ST
City-St-Zip: BONIFAY, FL 32425

Title: S ( ) Delete
Name: JACKSON, JOSH
Address: 2615 GARDENIA DR
City-St-Zip: WESTVILLE, FL 32464 US

Title: T ( ) Delete
Name: LOCKE, JOHNNY
Address: 1926 HWY 90
City-St-Zip: WESTVILLE, FL 32464 US

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

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: LEOGRANDE, ANGEL
Address: PO BOX 212
City-St-Zip: PONCE DE LEON, FL 32455 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LANDIS MESSER P 10/30/2009
Electronic Signature of Signing Officer or Director Date