

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000387

FILED
Mar 16, 2011
Secretary of State

Entity Name: HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

809 SOUTH WAUKESHA STREET
BONIFAY, FL 32425 US

New Principal Place of Business:

1926 US HWY 90
WESTVILLE, FL 32464 US

Current Mailing Address:

PO BOX 1
PONCE DE LEON, FL 32455 US

New Mailing Address:

1926 US HWY 90
WESTVILLE, FL 32464 US

FEI Number: 59-3472194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSER, LANDIS
2324 IDLEWOOD DRIVE
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

CHURCH, CALEB
1354 MT IDA ROAD
WESTVILLE, FL 32464 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: CALEB CHURCH

03/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHURCH, CALEB
Address: 1354 MT IDA ROAD
City-St-Zip: WESTVILLE, FL 32464

Title: VP
Name: JACKSON, JOSHUA
Address: GARDENIA STREET
City-St-Zip: WESTVILLE, FL 32464

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CALEB CHURCH

PRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date