2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

DOCUMENT# N93000000387

Entity Name: HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1926 US HWY 90
WESTVILLE, FL 32464 US

New Principal Place of Business:

2294 HWY2
BONIFAY, FL 32425 US

Current Mailing Address:

1926 US HWY 90
WESTVILLE, FL 32464 US

New Mailing Address:

2294 HWY2
BONIFAY, FL 32425 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SELLERS, WILLIAM
1612 HOLLIDAY RD
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: WILLIAM SELLERS 01/20/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: SELLERS, WILLIAM A
Address: 1612 HOLLIDAY RD
City-St-Zip: BONIFAY, FL 32425

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: LEOGRANDE, ANGEL
Address: PO BOX
City-St-Zip: PONCE DE LEON, FL 32455 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: WILLIAM A SELLERS P 01/20/2012
Electronic Signature of Signing Officer or Director Date