## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000000387

FILED Jan 20, 2012 Secretary of State

Entity Name: HOLMES COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1926 US HWY 90 2294 HWY

WESTVILLE, FL 32464 US BONIFAY, FL 32425 US

Current Mailing Address: New Mailing Address:

1926 US HWY 90 2294 HWY2

WESTVILLE, FL 32464 US 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: Name and Address of New Registered Agent:

CHURCH, CALEB SELLERS, WILLIAM
1354 MT IDA ROAD 1612 HOLLIDAY RD
WESTVILLE, FL 32464 US 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: F

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:

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