## **2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000387

**Entity Name: HOLMES COUNTY VOLUNTEER FIREFIGHTERS** 

ASSOCIATION, INCORPORATED

**Current Principal Place of Business:** 

2294 HWY2

BONIFAY, FL 32425

**Current Mailing Address:** 

2294 HWY2

BONIFAY, FL 32425 US

FEI Number: 59-3472194 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELLERS, WILLIAM 3239 HICKORY HOLLOW LN 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:

Electronic Signature of Registered Agent

Date

FILED Feb 17, 2019

**Secretary of State** 

4006488546CC

Officer/Director Detail:

Title P Title VP

NameSELLERS, WILLIAM ANameKIMBELL, CLIFFORDAddress3239 HICKORY HOLLOW LNAddress1160 N HIGHWAY 79City-State-Zip:BONIFAY FL 32425City-State-Zip:BONIFAY FL 32425

Title S Title T

NameCLARK-SELLERS, HEATHER RNameLOCKE, JOHNNYAddress3239 HICKORY HOLLOW LNAddress1926 HIGHWAY 90City-State-Zip:BONIFAY FL 32425City-State-Zip:WESTVILLE FL 32464

Title MAL

Name CATES, JEREMIAH Address 1432 AMMONS RD

City-State-Zip: PONCE DE LEON FL 32455

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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/17/2019