

2021 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

Officer/Director Detail :

Title	P	Title	VP
Name	SELLERS, WILLIAM A	Name	KIMBELL, CLIFFORD
Address	3239 HICKORY HOLLOW LN	Address	1160 N HIGHWAY 79
City-State-Zip:	BONIFAY FL 32425	City-State-Zip:	BONIFAY FL 32425
Title	S	Title	T
Name	CLARK-SELLERS, HEATHER R	Name	LOCKE, JOHNNY
Address	3239 HICKORY HOLLOW LN	Address	1926 HIGHWAY 90
City-State-Zip:	BONIFAY FL 32425	City-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**PRESIDENT****02/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date