## 2015 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 Jan 10, 2015

**Secretary of State** 

CC5380883525

Officer/Director Detail:

Title P Title VP

NameSELLERS, WILLIAM ANameREMMELL, DOUGAddress1612 HOLLIDAY RDAddress1771 BAKER RD

City-State-Zip: BONIFAY FL 32425 City-State-Zip: PONCE DE LEON FL 32455

Title S Title T

 Name
 ELDRIDGE, AMY
 Name
 LOCKE, JOHNNY

 Address
 2007 N HWY 181
 Address
 1926 HIGHWAY 90

 City-State-Zip:
 WESTVILLE FL 32464
 City-State-Zip:
 WESTVILLE FL 32464

Title MAL

Name CRUTCHFIELD, DEWEY
Address 1553 HIGHWAY 179
City-State-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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/10/2015