2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764401

1. Entity Name

REGION NO. 16 OF AFTCA INC



FILED May 07, 2003 8:00 am § Secretary of State

05-07-2003 90180 015 ****61.25

nedion	NO. 10 OF AFTOA, INC.	,		9			
15# EAST 21ST STREET JACKSONVILLE FL 32206		Mailing Address 155 EAST 21ST STREET JACKSONVILLE FL 32206 US					
U3 ***		US		E NORTHE PORTO OTTO STANK OF	I BER BERIOR HERS BEBER BISKE BIRKE STORE BE	EN SISK ISEL	
		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2215732 Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Des			
	C Name and Address of Comment			7 Nan	Fee Require	ed	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of	New Registered Agent		
MILTON, JOHN							
155 EAST 21ST STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
JACKSO	NVILLE FL 32206						
			City		FL Zip Cod	le	
	e named entity submits this statement for tions of registered agent.	he purpose of changing its re	gistered office or regis	tered agent, or both, in the State	e of Florida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	DATE		
	7-4						
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable Florida Department of S		
10.	OFFICERS AND DIRE	CTORS	11.		FFICERS AND DIRECTORS IN	I 10	
TITLE	D BEEEDS DAV B	☐ Delete		rector	☐ Change	Addition	
NAME STREET ADDRESS	JEFFERS, RAY B. 118 NORTHSIDE DR.		NAME STREET ADDRESS	ad Holley Was			
CITY-ST-ZIP -	CEDARTOWN GA 30125		CITY ST 7ID	151 Henley War	L 36117		
TITLE	D	☐ Delete		ector	☐ Change	✓ Addition	
NAME	MILTON, JOHN		NAME 8	rt Goodson,	<i>⊃</i> 0		
STREET ADDRESS	155 EAST 21ST STREET		STREET ADDRESS 101	126 McCracker	1 Ka		
CITY-ST-ZIP	JACKSONVILLE FL 32206		CITY-ST-ZIP	1119 hassee, F	<u> </u>		
TITLE NAME	D MCNEIL, DAVID	Delete	TITLE TYPE	sident Direct	Change	Addition	
STREET ADDRESS	16552 BOOTHTOWN RD		STREET ADDRESS	die Gibbs		. }	
CITY-ST-ZIP	BUHL AL 35446		CITY-ST-ZIP	.2. Box 168 erion Junction	1.AL36750	1	
TITLE	D	· Delete	TITLE DIV	rector	☐ Change	Addition	
NAME	WEAVER, LUKE		NAME 5	in Orice			
STREET ADDRESS	PO BOX 3950		STREET ADDRESS IS.	5 East 21st St	, 715 51		
CITY-ST-ZIP	JACKSON GA 30233		Ulli-Si-Zir Ja	ecksonville, FL			
TITLE NAME:	D Stallings, Rick	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME: STREET ADDRESS	P,O, DRAWER 70040		NAME STREET ADDRESS			1	
CITY-ST-ZIP	MONTGOMERY AL 36107		CITY-ST-ZIP				
TITLE	PB- Director	☐ Delete	TITLE		Change	Addition	
NAME	COPELAND, HARAN-LAYYOY	1	NAME		_ •		
CTOFFT ADDDFCC							
STREET ADDRESS CITY-ST-ZIP	1031 SPEIR ROAD BRONWOOD GA 31726	ı	STREET ADDRESS CITY-ST-ZIP			}	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attacher with all other like empowered.

SIGNATURE: