

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751055

1. Entity Name

WAKULLA COMMERCIAL FISHERMEN'S ASSOCIATION, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90040 046 ****70.00

0015495

Principal Place of Business

Mailing Address

P.O. BOX 672
PANACEA FL 32346

P.O. BOX 672
PANACEA FL 32346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

4. FEI Number

59-2904994

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONALD FRED CRUM
HIGHWAY 98
P. O. BOX 145
PANACEA FL 32346

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Mary Helen Porter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME CRUM, RONALD F
STREET ADDRESS PO BOX 145 N/A
CITY-ST-ZIP PANACEA FL 32346 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME RANKIN, ALLAN C.
STREET ADDRESS 72 DRIFTWOOD DR
CITY-ST-ZIP PANACEA FL 32346 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME TAYLOR, HEIDI
STREET ADDRESS P. O. BOX 695 N/A
CITY-ST-ZIP PANACEA FL 32346 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MARY HELEN PORTER
STREET ADDRESS HWY 98
CITY-ST-ZIP PANACEA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME TAFF, CARLOS
STREET ADDRESS RT 3, BOX 5076
CITY-ST-ZIP CRAWFOERDVILLE FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PORTER, RAYMOND
STREET ADDRESS HWY 98
CITY-ST-ZIP PANACEA FL 32346 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *Donna H. Porter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-2001

850-9845430

CR2E037 (10/00)