

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751055

1. Entity Name

WAKULLA COMMERCIAL FISHERMEN'S ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 672
PANACEA FL 32346

Mailing Address

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

4. FEI Number

59-2904994

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

3-13-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
Ward, Keith
50 Tall Pine
St. Marks, FL 32346 ☐ Change ☐ Addition

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

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

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

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:

Mary Helen Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

Date

850-984-5430

Daytime Phone #

CR2E037 (9/01)