

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90190 014 \*\*\*\*61.25

**DOCUMENT # 754418**

1. Entity Name

**APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC.**



Principal Place of Business

**1557 SHELL POINT RD  
CRAWFORDVILLE FL 32327  
US**

Mailing Address

**1557 SHELL POINT RD  
CRAWFORDVILLE FL 32327  
US**

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 **59-2928401**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KINNEBREW, T.N.  
2812 SPRINGDALE DR  
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

**JIM P. MCGILL**

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

**181 HARBOUR POINT DR**

City

**CRAWFORDVILLE**

FL

Zip Code

**32327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **WOOLINGTON, W ANDY**  
STREET ADDRESS **24 MATHERS FARM RD**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **D** ☐ Delete  
NAME **CAMPBELL, JODY**  
STREET ADDRESS **121 ROYSTER DR**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **TD** ☐ Delete  
NAME **EDRINGTON, JOHN D JR**  
STREET ADDRESS **18 GULF BREEZE CT**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **PD** ☐ Delete  
NAME **MCGILL, JIM P**  
STREET ADDRESS **181 HARBOUR POINT DR**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **SD** ☐ Delete  
NAME **MORGAN, ROBERT M**  
STREET ADDRESS **112 ROYSTER DR**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **D** ☐ Delete  
NAME **ALVERSON, SHERRIE D**  
STREET ADDRESS **19 ALVERSON WAY**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 registered 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:

**ROBERT M MORGAN** 1/14/2003 850 926 8074

CR2E037 (10/02)