

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90018 021 ****61.25

DOCUMENT # N02000007674

1. Entity Name

SWM COMMUNITY DEVELOPMENT, INC.



Principal Place of Business

**1979 JOSHUA DR.
CANTONMENT FL 32533-4626**

Mailing Address

**1979 JOSHUA DR.
CANTONMENT FL 32533-4626**

04010000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-2077018

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ABNEY, MICHAEL F SR.
1979 JOSHUA DR.
CANTONMENT FL 32533-4626**

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. 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
Due By May 1, 2004**

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 **PCD** ☐ Delete
NAME **ABNEY, MICHAEL F SR.**
STREET ADDRESS **1979 JOSHUA DR.**
CITY-ST-ZIP **CANTONMENT FL 32533-4626**

TITLE **CD** ☐ Delete
NAME **MCCREARY, BRENDA**
STREET ADDRESS **5778 CEDARTOWN RD**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **D** ☐ Delete
NAME **PURIFOY, MARY**
STREET ADDRESS **611 WASHINGTON ST**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **D** ☐ Delete
NAME **WILLIAMS, AMBER**
STREET ADDRESS **1650 AUSTELL RD SW APT 1103**
CITY-ST-ZIP **MARIETTA GA 30008**

TITLE **D** ☐ Delete
NAME **MCCREE, CAROLYN**
STREET ADDRESS **128 FORT SMITH CIR**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☐ Delete
NAME **ABNEY, INGRAM**
STREET ADDRESS **9170 WOODRUN RD.**
CITY-ST-ZIP **PENSACOLA FL 32514**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **member** ☐ Change ☒ Addition
NAME **Erika R. Lee**
STREET ADDRESS **1004 Tunis St.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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: *Michael F. Abney, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/04

850-852-1001 x139