

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90092 001 \*\*\*\*70.00

**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**

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

**54-2077018**

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

**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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
JONES, CARMEN  
553 SCARBROUGH RD.  
ELLENWOOD GA 30294** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Brenda McCree  
5778 Cedar town Rd  
Melino, FL 32577** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mary Purifoy  
611 Washington St.  
Cantonment, FL 32533** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLIAMS, AMBER  
8700 NORTH 50TH ST., APT. 934  
TAMPA FL 33617** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Amber Williams  
1650 Austell Rd SW Apt 1103  
Marietta, GA 30008** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHNSON, KASSIHA  
553 SCARBROUGH RD.  
ELLENWOOD GA 30294** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Carolyn McCree  
128 Fort Smith Cir.  
Pensacola, FL 32505** ☐ Change ☒ Addition

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

**SIGNATURE REQUIRED**

**3/2/03 850-4848185**

CR2E037 (10/02)