

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005418**

1. Entity Name

**FRANKLIN COUNTY COMMUNITY MINISTERIAL ALLIANCE,****FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90021 004 \*\*\*\*61.25

0015319

Principal Place of Business

**148 8TH ST  
APALACHICOLA FL 32320**

Mailing Address

**83 AVENUE "I"  
APALACHICOLA FL 32320-1473**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P. O. Box 276**

Suite, Apt. #, etc.

City &amp; State

**City & State  
Apalachicola, FL**

Zip

Country

**Zip  
32329**

Country

**Franklin**

4. FEI Number

**59-3626360**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MCGLOCKTON, SAMUEL SR.  
83 AVENUE "I"  
APALACHICOLA FL 32320****7. Name and Address of New Registered Agent**

Name

**James Williams**

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

**9510 Forest Grove Road**

City

**Tallahassee****FL**Zip Code  
**32310**

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

**James Williams, Vice-President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/07/01****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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COOPER, HENRY JR. 1107 EXPERIMENT STATION RD. QUINCY FL 32351</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WILLIAMS, JAMES 9510 FOREST GROVE RD. TALLAHASSEE FL 32310</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MCGLOCKTON, SAMUEL E SR. HCR 2 BOX 65 BRISTOL FL 32321-9703</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAILEY, CARL 718 GAY AVE. PANAMA CITY FL 32401</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MOUNT-SIMMONS, ELINOR 297-23RD AVE. APALACHICOLA FL 32320-2218</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Williams, James 9510 Forest Grove Road Tallahassee, FL 32310</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Davis, Robert L. 214 Avenue K Apalachicola, FL 32320</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 filed empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/07/2001**

CR2E037 (10/00)