

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005418

1. Entity Name

FRANKLIN COUNTY COMMUNITY MINISTERIAL ALLIANCE,  
INCORPORATED

Principal Place of Business

148 8TH ST  
APALACHICOLA FL 32320

Mailing Address

P O BOX 276  
APALACHICOLA FL 32329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3626360

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

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

After September 13, 2002,  
min. will be \$236.25.

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

CR2E037 (4/02)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, JAMES 1107 EXPERIMENT STATION RD. QUINCY FL 32351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition williams, James 711 Brookridge Dr Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, JAMES 9510 FOREST GROVE RD. TALLAHASSEE FL 32310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fields, Ronnie 1107 Experiment Station Rd Quincy, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOUNT-SIMMONS, ELINOR 297-23RD AVE. APALACHICOLA FL 32320-2218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, ROBERT L 214 AVENUE K APALACHICOLA FL 32320	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02 859653-8073