

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
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**DO NOT WRITE IN THIS SPACE**

FILED  
04 SEP -2 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3626360	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES  
9640 FOREST GROVE RD  
TALLAHASSEE, FL 32310

711 Brookridge Dr  
32305

**DO NOT WRITE  
IN THIS SPACE**

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 James Williams James Williams Aug. 27, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JAMES 711 BROOKRIDGE DR TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAILEY, CARL 6209 PRIDGEN ST. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOUNT-SIMMONS, ELINOR 297-23RD AVE. APALACHICOLA, FL 323202218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAND, ANNIE G 168-7TH ST APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400041069654  
09/14/04--01066--011 \*\*\$61.25

400041069654  
09/14/04--01066--012 \*\*\$8.75

**DO NOT WRITE  
IN THIS SPACE**

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: Elinor Mount-Simmons Elinor Mount-Simmons Aug. 27, 2004 850 053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9093