


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90154 011 ****61.25

| | | | | | |
|---|--|--|--|--|--|
| 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 | Country | Zip | Country | 4. FEI Number 59-3626360 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WILLIAMS, JAMES 711 BROOKRIDGE DR TALLAHASSEE, FL 32305 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$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 | PD WILLIAMS, JAMES 711 BROOKRIDGE DR TALLAHASSEE, FL 32305 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BAILEY, CARL 6209 PRIDGEN ST. PANAMA CITY, FL 32401 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MOUNT-SIMMONS, ELINOR 297-23RD AVE. APALACHICOLA, FL 323202218 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HAND, ANNIE G 168-7TH ST APALACHICOLA, FL 32320 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <i>Elinor S. Mount-Simmons</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |



04262005 Chg-NP CR2E037 (10/03)

FL

Zip Code

Secretary

Elinor S. Mount-Simmons

Apr. 26, 2005

Elinor S. Mount-Simmons, Secretary

Date

Daytime Phone #