## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # N99000005418** 04-24-2006 90378 023 \*\*\*\*61.25 FRANKLIN COUNTY COMMUNITY MINISTERIAL ALLIANCE, INCORPORATED Principal Place of Business Mailing Address P O BOX 276 40061254 148 8TH ST APALACHICOLA, FL 32320 APALACHICOLA, FL 32329 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04182006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3626360 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent L. Davis WILLIAMS, JAMES (P.O. Box Number is Not Acceptable) 711 BROOKRIDGE DR TALLAHASSEE, FL 32305 Zip Code 32320 Dalachi cola 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change WILLIAMS, JAMES NAME NAME STREET ADDRESS 711 BROOKRIDGE DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32305 CITY-ST-7IP TITLE TITLE Change 🔼 Delete ☐ Addition Rrown MOUNT-SIMMONS, ELINOR NAME 4744 Spring Meadows 297-23RD AVE. STREET ADDRESS STREET ADDRESS APALACHICOLA, FL 323202218 CITY-ST-ZIP 32851 CITY-ST-ZIP Ki Change XI Delete ☐ Addition HAND, ANNIE G L. Davis NAME NAME STREET ADDRESS 168-7TH ST STREET ADDRESS 214 Avenue K Apalachicola 3L 32D CHY-SI-7P APALACHICOLA, FL 32320 CITY-ST-7IP TITE ☐ Delete TITLE NAME NAME Dr. STREET ADDRESS STREET ADDRESS E. Brookwood CITY-ST-ZIP CITY-ST-ZIP 31601 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; that I am an officer or director of the corporation or the receiver or irrustee 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 ap address, with all other like empowered SIGNATURE:

**FILED**