



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90041 019 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40126006 	
City & State		City & State		07172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3626360	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent DAVIS, ROBERT L 214 AVENUE K APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent Name Walker, David Street Address (P.O. Box Number is Not Acceptable) 252 14 Street City Apalachicola FL Zip Code 32320		
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 <u><i>NOB Bl/lem</i></u> DATE <u>7/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Horace Solomon 605 E. Brookwood Dr. Valdosta, Ga. 31601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, EARL 4744 SPRING MEADOWS RD QUINCY, FL 32351	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD James Williams 711 Brook Ridge Dr. Tallahassee, FL 32305	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James Brooks 98 Avenue E Apalachicola, FL 32320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLOMON, HORACE 605 E. BROOKWOOD DR. VALDOSTA, GA 31601	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Anthony Martin 183 12 street Apalachicola, FL 32320	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u><i>NOB Bl/lem</i></u>			DATE: <u>7/17/07</u> DAYTIME PHONE: <u>850-519-5372</u>		