FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90408 040 ****61.25

08 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

MENT # N99000005418

IN COUNTY COMMUNITY MINISTERIAL
E, INCORPORATED

40087661

Place of Business	Mailing Address
A FL 32320	P O BOX 276 APALACHICOLA, FL 32329

Place of Business - No P.O. Box #	3. Mailing Address
, etc.	Suite, Apt. #, etc.
	City & State
Country / Zip / Country	

04252008 Chg-NP CR2E037 (12/06)

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
WALKER, DAVID 252 14TH STREET APALACHICOLA, FL 32320	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 _____ DATE

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when relocating)

Filing Fee is $61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ $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 PD ☐ Delete NAME HORACE, SOLOMMON STREET ADDRESS 605 E. BROOKWOOD DR CITY-ST-ZIP VALDOSTA, GA 31601	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE SO ☐ Delete NAME WILLIAMS, JAMES STREET ADDRESS 711 BROOK RIDGE DR CITY-ST-ZIP TALLAHASSEE, FL 32305	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD ☐ Delete NAME BROOKS, JAMES STREET ADDRESS 98 AVENUE E CITY-ST-ZIP APALACHICOLA, FL 32320	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD ☐ Delete NAME MARTIN, ANTHONY STREET ADDRESS 183 12TH STREET CITY-ST-ZIP APALACHICOLA, FL 32320	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME 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 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 an officer title empowered.

SIGNATURE: [signature] 4/25/08 850-653-3454

Signature and Title or Typed or Printed Name of Florida Officer or Director — Date — Daytime Phone #

IMPORTANT INSTRUCTIONS

Pursuant to Chapter 496, Florida Statutes, charitable solicitation organizations/sponsors must annually register with the Department of Agriculture, Division of Consumer Services, Room 208A Mayo Building, Tallahassee, Florida 32399-0800. Failure to comply is a third degree felony.

Call 850-488-2221 or 800-435-4352 (within Florida only) for more information.

- Make check payable to Florida Department of State.
- Check must be payable in US Funds and through a US Bank.
- Sign report in block 12.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.

* The fee to file the not-for-profit annual report is $61.25. If a certificate of status is desired, please add an additional $8.75. Only one certificate may be requested.

Block 1. Block 1 is preprinted with the name, document number, mailing address and principal place of business as last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6050, or download forms at www.sunbiz.org.

Block 2 & 3. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. A Post Office Box cannot be used for the Principal address. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable for the mailing address.

Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4933.

Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional $8.75 with your filing fee. Only one certificate can be issued at the time of the report filing.

Block 6. The law requires that each entity have a Registered Agent with a Florida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.

Block 7. If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a Florida Street address. A P.O. Box is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.

Block 8. The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. NOTE: Registered agent signature required when relocating on this form.

Block 9. Florida law allows for a voluntary contribution of $5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional $5.00 with the filing fee.

Block 10. Block 10 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 11. Please do not make any assets in Block 10 unless deleting an officer; corrections or additions are to be made in Block 11.

Block 11. Block 11 is for changes or additions to the existing Officers/Directors in Block 10. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A FLORIDA NON-PROFIT CORPORATION IS REQUIRED TO MAINTAIN AT LEAST 3 DIRECTORS OR TRUSTEES. THE LETTER "D" OR "T" SHOULD BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Chapter 119, Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10, 11 or on an attachment is an affirmation under oath that no other address is available.

Block 12. This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10. Block 11 if a change, or on an attachment with a street address. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail completed report to:

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Courier Address (overnight delivery)
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

Chg-NP CR2E037 (12/06)