

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005418

FILED
Mar 27, 2009
Secretary of State

Entity Name: FRANKLIN COUNTY COMMUNITY MINISTERIAL ALLIANCE, INCORPORATED

Current Principal Place of Business:

148 8TH ST
APALACHICOLA, FL 32320

New Principal Place of Business:

100 AVENUE E
APALACHICOLA, FL 32320

Current Mailing Address:

P O BOX 276
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 59-3626360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, DAVID
252 14TH STREET
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

HAND, BARRY L
224 JACOBI O'NEAL LANE
APALACHICOLA, FL 32320 US

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.

SIGNATURE: BARRY L. HAND

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HORACE, SOLONMON
Address: 605 E. BROOKWOOD DR
City-St-Zip: VALDOSTA, GA 31601

Title: SD () Delete
Name: WILLIAMS, JAMES
Address: 711 BROOK RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: TD (X) Delete
Name: BROOKS, JAMES
Address: 98 AVENUE E
City-St-Zip: APALACHICOLA, FL 32320

Title: VD (X) Delete
Name: MARTIN, ANTHONY
Address: 183 12TH STREET
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAND, BARRY L
Address: 224 JACOBI O'NEAL LANE
City-St-Zip: APALACHICOLA, FL 32320

Title: VD (X) Change () Addition
Name: WILLIAMS, CLIFFORD
Address: 204 - 12TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY L. HAND

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date