

2003 NOT-FOR-PROFIT-CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90152 029 *****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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAMS, JAMES
9510 FOREST GROVE RD
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES	
STREET ADDRESS	711 BROOKRIDGE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FIELDS, RONNIE	
STREET ADDRESS	1107 EXPERIMENT STATEM RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOUNT-SIMMONS, ELINOR	
STREET ADDRESS	297-23RD AVE.	
CITY-ST-ZIP	APALACHICOLA FL 32320-2218	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ROBERT L	
STREET ADDRESS	214 AVENUE K	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bailey, CARL	
STREET ADDRESS	6209 Bridgen St.	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	THAND, ANNIE G.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	168-7th St.	
STREET ADDRESS	Apalachicola, FL 32320	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Elinor Mount-Simmons
Elinor Mount-Simmons 5-4-03

CR2E037 (10/02)