

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2009
Secretary of State**

DOCUMENT# 704182

Entity Name: ST JAMES EPISCOPAL CHURCH INC

Current Principal Place of Business:

1365 VISCAYA DR
PT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

1365 VISCAYA DR
PT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-2470711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMSTED, DAVID E.
17801 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, ALMA F
Address: 25305 CAYCE COURT
City-St-Zip: PUNTA GORDA, FL 33983 FL

Title: D () Delete
Name: KELLY, JANE Y
Address: 17374 FOREMOST LANE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PD () Delete
Name: OLIVERO, CESAR
Address: 4469 JOSEPH ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: WILLEY, MYRTLE
Address: 1544 KOLENDA STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: STEPHENSON, CLARENCE
Address: 21231 BIRWOOD AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

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: ALMA FRANCES HARRIS

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date