

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91354 047 ****61.25

DOCUMENT # 704182
1. Entity Name
ST JAMES EPISCOPAL CHURCH INC



Principal Place of Business Mailing Address
1365 VISCAYA DR 1365 VISCAYA DR
PT CHARLOTTE FL 33952 PT CHARLOTTE FL 33952

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 **59-2470711** 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
OLMSTED, DAVID E.
2327 AARON STREET
PORT CHARLOTTE FL 33952

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 _____ (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	D <input type="checkbox"/> Delete
NAME	MCLAUGHLIN, LEWIS
STREET ADDRESS	20110 MELOS COURT
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	D <input type="checkbox"/> Delete
NAME	KELLY, JANE Y
STREET ADDRESS	17374 FOREMOST LANE
CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	WILSON, MICHAEL H.
STREET ADDRESS	1393 MOHAWK DRIVE
CITY-ST-ZIP	PT. CHARLOTTE FL 33952
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ENGLISH, ANTHONY
STREET ADDRESS	2547 BALTIC AVENUE
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacobson, Stephen K. PD
STREET ADDRESS	403 Fountain St.
CITY-ST-ZIP	Port Charlotte, FL
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patteson, Charles D
STREET ADDRESS	1178 Ardella St.
CITY-ST-ZIP	Port Charlotte, FL 33952
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: *[Signature]* 4/19/03 941-627-4000

CR2E037 (10/02)