

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90035 019 ****70.00

DOCUMENT # 715581

1. Corporation Name

POMPANO BEACH SAINT JAMES BAPTIST CHURCH, INC.

Principal Place of Business
**500 NORTHWEST 21ST AVENUE
POMPANO BEACH FL 33069**

Mailing Address
**500 NORTHWEST 21ST AVENUE
POMPANO BEACH FL 33069**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/15/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, BOOKER T
2119 NW 2ND STREET
SUITE 1
POMPANO BEACH FL 33069**

81 Name **BOOKER T. WILSON**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2119**

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **X** *Same as above #9.*

PASTOR / PRESIDENT / FOUNDER **X**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WILSON, B.T.**
CITY-ST-ZIP **2119 NW 2ND STREET
POMPANO BEACH FL 33069**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **WILSON, IRVING WOODROW**
CITY-ST-ZIP **1116 NW 7TH AVENUE
FORT LAUDERDALE FL 33311**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **DIGGS, WALLACE**
CITY-ST-ZIP **1151 NW 24TH AVENUE
POMPANO BEACH FL 33069**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DURHAM, M.C.**
CITY-ST-ZIP **741 NW 38TH AVENUE
FT. LAUDERDALE FL 33111**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **HODGES, LOUISE**
CITY-ST-ZIP **2210 NW 4TH STREET
POMPANO BEACH FL 33069**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Financial Secy
William M. B. Church

January 26, 1999

(954) 463-8360 (home)
(954) 231-3211 (pager)

Daytime Phone #

0026888

CR2E037 (11/98)