

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 715581



1. Entity Name
ST. JAMES MISS BPT CHURCH OF BROWARD CTY. INC.

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

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



07232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, WYLIE L SR
6920 NW 44TH COURT
LAUDERHILL, FL 33319**

**DO NOT WRITE
IN THIS SPACE**

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: Wallace Diggs
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

7-26-04
DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWARD, WYLIE L SR
STREET ADDRESS	6920 NW 44TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	S
NAME	SHEPPARD, MOZZLE
STREET ADDRESS	2151 NW 10TH COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VD
NAME	DIGGS, WALLACE
STREET ADDRESS	1151 NW 24TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	SEARCY, ALLEN
STREET ADDRESS	531 NE 42ND ST
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	T
NAME	HODGES, LOUISE
STREET ADDRESS	2210 NW 4TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	STUBBS, WILLIE
STREET ADDRESS	7410 NW 41ST COURT
CITY-ST-ZIP	FT LAUDERDALE, FL

U00000168695
07/29/04-80002-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wallace Diggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04
DATE

Daytime Phone #