


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

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90062 011 \*\*\*\*70.00

**DOCUMENT # 739388**

1. Entity Name  
**THE NEW SAINT JAMES MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business  
**1476 NW 58TH TERRACE**  
**MIAMI, FL 33142 US**

Mailing Address  
**1360 NW 41TH STREET**  
**MIAMI, FL 33142 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03122004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6611287**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MACKENZIE, DONALD G.**  
**104 CRANDON BLVD.**  
**KEY BISCAYNE, FL 33149**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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	FERGUSON, JESSIE	
STREET ADDRESS	1360 NW 41ST ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERGUSON, EVELYN	
STREET ADDRESS	1360 NW 41ST ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LAWSON, ANNA LEE	
STREET ADDRESS	2116 NW 42ND ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ANNA LEE	
STREET ADDRESS	1166 N.W. 47TH TERRACE	
CITY-ST-ZIP	MIAMI, FL	
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		
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:** *Jessie Ferguson* **3/14/04** **305-635-4179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #