


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90023 039 ****61.25

DOCUMENT # N02000002986			
1. Entity Name NEW ST. JAMES MISSIONARY BAPTIST CHURCH, INC.			
Principal Place of Business 1890 N.W. JAKE GLEN LAKE CITY, FL 32055		Mailing Address 1890 N.W. JAKE GLEN LAKE CITY, FL 32055	
2. Principal Place of Business - No P.O. Box # 365 NW Martin GLN Suite, Apt. #, etc.		3. Mailing Address 365 NW Martin GLN Suite, Apt. #, etc.	
City & State Lake City, FL		City & State Lake City, FL	
Zip 32055		Zip 32055	
Country		Country	
03082007		Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARNELL, DONAL 1890 N.W. JAKE GLEN LAKE CITY, FL 32055		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TP PARNELL, DONAL 1890 N.W. JAKE GLEN LAKE CITY, FL 32055	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TT HULAND, HERMAN 650 NE GIBBS TERRACE LAKE CITY, FL 32055	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TS ANDERSON, HARRY P RT 15 BOX 3760 LAKE CITY, FL 32024	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	211 SW Briar Brook Lake City, FL 32024
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T ANDERSON, CARLENE 2058 N.W. HAMP FARMER RD LAKE CITY, FL 32055	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T SMITH, JAMES RT 22 BOX 390 LAKE CITY, FL 32024	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	544 SW Tunsil St Lake City, FL 32024
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V PARNELL, SAMUEL RT 1 BOX 223 LAKE CITY, FL 32055	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	1469 NW Jake Gln Lake City, FL 32055
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Carlene Anderson</i>		Date: 4-10-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 386-752-6505	
Carlene Anderson			