

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N02000002986

Entity Name: NEW ST. JAMES MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

365 NW MARTIN GLN
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

365 NW MARTIN GLN
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARNELL, DONAL
1890 N.W. JAKE GLEN
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: PARNELL, DONAL
Address: 1890 N.W. JAKE GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: TT () Delete
Name: HULAND, HERMAN
Address: 650 NE GIBBS TERRACE
City-St-Zip: LAKE CITY, FL 32055

Title: TS () Delete
Name: ANDERSON, HARRY P
Address: 211 SW BRIAR BROOK
City-St-Zip: LAKE CITY, FL 32024

Title: T () Delete
Name: ANDERSON, CARLENE
Address: 2058 N.W. HAMP FARMER RD
City-St-Zip: LAKE CITY, FL 32055

Title: T () Delete
Name: SMITH, JAMES
Address: 544 SW TUNSIL ST
City-St-Zip: LAKE CITY, FL 32024

Title: V () Delete
Name: PARNELL, SAMUEL
Address: 1469 NW JAKE GLN
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLENE ANDERSON

SECT

02/06/2009

Electronic Signature of Signing Officer or Director

Date