

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002986

FILED  
Feb 15, 2012  
Secretary of State

**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: T  
Name: PARNELL, DONAL  
Address: 1890 N.W. JAKE GLEN  
City-St-Zip: LAKE CITY, FL 32055

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

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

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

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

Title: T  
Name: PARNELL, SAMUEL  
Address: 1469 NW JAKE GLN  
City-St-Zip: LAKE CITY, FL 32055

I hereby 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 all other like empowered.

SIGNATURE: CARLENE ANDERSON

T

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date