

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51349

FILED
Apr 16, 2009
Secretary of State

Entity Name: SAINT JAMES SOCIAL & ECONOMIC DEVELOPMENT INC.

Current Principal Place of Business:

6427 NW 18TH AVENUE
MIAMI, FL 33147

New Principal Place of Business:

6427 NW 18TH AVENUE
MIAMI, FL 33147 US

Current Mailing Address:

1845 NW 65TH STREET
MIAMI, FL 33147

New Mailing Address:

1845 NW 65TH STREET
MIAMI, FL 33147 US

FEI Number: 65-0368245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, THELMA B
1369 NW 96TH STREET
MIAMI, FL 33147 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: PRES () Delete
Name: JACKSON, ALONSO
Address: 2255 NE 121ST STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP () Delete
Name: RANGE, PATRICK
Address: 5727 NW 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: SECT () Delete
Name: BENDROSS, DENISE
Address: 3081 NW 70TH TERRACE
City-St-Zip: MIAMI, FL 33147

Title: A SE () Delete
Name: PINDER, MAE
Address: 3280 NW 195TH STREET
City-St-Zip: MIAMI, FL 33056

Title: TREA () Delete
Name: SIMPKINS, CASEY
Address: 14585 NW 16TH DRIVE
City-St-Zip: MIAMI, FL

Title: A TR () Delete
Name: HUDSON, ANITA
Address: 3435 NW 102ND STREET
City-St-Zip: MIAMI, FL 33147

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:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: THELMA B. DAVIS

EXDR

04/16/2009

Electronic Signature of Signing Officer or Director

Date