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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004699 (2)

1. Corporation Name
ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF
INVERNESS, INC.



Principal Place of Business Mailing Address
204 N. APOPKA AVE. INVERNESS FL 34450
P.O. BOX 1903 INVERNESS FL 34451-1903

3. Date Incorporated or Qualified 09/11/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3010729	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent
WILSON, DOLORES
204 N. APOPKA AVE.
INVERNESS FL 34450

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE Dolores Wilson, Pro-Tem - Dolores Wilson DATE Jan. 14, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	GIBBS, YVONNE	
STREET ADDRESS	830 CARNEGIE DR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DABNEY, ARCHIE	
STREET ADDRESS	1001 HARVEST ST.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMMINGS, EARNESTINE	
STREET ADDRESS	P.O. BOX 1181	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, STEVEN	
STREET ADDRESS	200 N. APOPKA AVE.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTCH, THOMAS	
STREET ADDRESS	1127 MOSSY OAK DR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAIRSTON, THELMA L	
STREET ADDRESS	200 N. APOPKA AVE.	
CITY-ST-ZIP	INVERNESS FL 34450	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	- 208 Zephyr St.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	- 1670 SW 2nd St
4.4 CITY-ST-ZIP	Orcala, FL 34474
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yvonne Gibbs - Yvonne Gibbs DATE: Jan. 14, 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065360

CR2E037 (9/96)

NAME THAT WAS LEFT OFF IN ERROR:

D Ruby D. Franklin
823 Poplar Street
Inverness, Florida 34450

Register Agent's mailing & home Address:
Delores Wilson
420 N. Davidson Ave.
Inverness, FL 34450-3432