

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730652

1. Entity Name

SAINT JAMES AFRICAN METHODIST/EPISCOPAL CHURCH,

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90003 020 \*\*\*\*61.25

0003714

Principal Place of Business

Mailing Address

625 DUMMITT AVENUE  
TITUSVILLE FL 32780

PO BOX 1958  
TITUSVILLE FL 32781-1958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2438947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODWIN, INEZ  
3265 DARYL TERRACE  
TITUSVILLE FL 32796

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BELL, D. LUTHER REV  
737 WAGER AVE.  
TITUSVILLE FL 32780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HOUSTON, SYLVESTER  
5554 RIVER OAKS DR  
TITUSVILLE FL 32780 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BLAND, MARIA H.  
850 KENILWORTH COURT  
TITUSVILLE, FL 32780 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WILSON, ELLA M  
2785 VENUS DRIVE  
TITUSVILLE FL 32796 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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12. I 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 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: *SIGNATURE REQUIRED*

7/6/01 (321) 269-3645

CR2E037 (5/01)