

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N20520**

1. Entity Name  
**ST. JAMES UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**400 REID STREET  
PALATKA, FL 32177-3734**

Mailing Address  
**400 REID STREET  
PALATKA, FL 32177-3734**



01162004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0760225**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SURINO, RIC  
101 REBECCA LANE  
PALATKA, FL 32177**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLANDERS, JOE  
470 207A  
EAST PALATKA, FL 32031**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HIRSCHMAN, HENRY  
126 HERJA ACRE LANE  
PALATKA, FL 32177**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
SURINO, RIC  
101 REBECCA LANE  
PALATKA, FL 32177**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TORODE, JUDY B  
PO BOX 801  
PALATKA, FL 32178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TUTTLE, TOM  
144 CYPRESS POINT CIRCLE  
E PALATKA, FL 32131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HODGE, GLADYS  
1505 CARR ST  
PALATKA, FL 32177**

U00000013871  
01/26/04-80071-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*R.A. Surino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/04 328-1461