


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 704182 1. Entity Name ST JAMES EPISCOPAL CHURCH INC	
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Principal Place of Business 1365 VISCAYA DR PT CHARLOTTE, FL 33952	Mailing Address 1365 VISCAYA DR PT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2470711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OLMSTED, DAVID E. 17801 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ALMA F 25305 CAYCE COURT PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JANE Y 17374 FOREMOST LANE PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVERO, CESAR 4469 JOSEPH ST. PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLEY, MYRTLE 1544 KOLENDA STREET PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80038-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>x Alma Frances Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>7 January 2008</i> Daytime Phone #: <i>941 627 4000</i>