

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720021 (5)
1. Corporation Name
ST. JAMES A.M.E. CHURCH OF PROGRESS VILLAGE, INC.



Principal Place of Business 5202 86TH STREET SOUTH TAMPA FL 33619	Mailing Address 5202 86TH STREET SOUTH TAMPA FL 33619-7134
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1970	3a. Date of Last Report 06/17/1996
21	22	23	24	4. FEI Number 59-2670322	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPENCER, ALBERT 1805 CADILLAC CIRCLE TAMPA FL 33619				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, JAMES D. REV.	1.2 NAME	Pastor L. W. Floyd
STREET ADDRESS	509 E HUGH ST.	1.3 STREET ADDRESS	4826 River Vista Lane, Apt. B
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33617-7530
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, RAYMOND	2.2 NAME	Mrs. Allie McPherson
STREET ADDRESS	7916 FLOWERS AVE.	2.3 STREET ADDRESS	8311 Endive Avenue
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Td <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RALPH	3.2 NAME	Mr. Robert Miller, Sr.
STREET ADDRESS	3213 PINELLAS PL.	3.3 STREET ADDRESS	5211 85th Street, S.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, ALBERT	4.2 NAME	Spencer Albert
STREET ADDRESS	1805 CADILLAC CIRCLE	4.3 STREET ADDRESS	1805 Cadillac Drive
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

CR2E037 (9/96)

Signature of Albert Spencer