


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90174 025 ****61.25

0051027

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 720021

1. Corporation Name
ST. JAMES A.M.E. CHURCH OF PROGRESS VILLAGE, INC.

521007 - 90174 - 25

Principal Place of Business 5202 86TH STREET SOUTH TAMPA FL 33619	Mailing Address 5202 86TH STREET SOUTH TAMPA FL 33619
---	---



21 2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1970
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2670322
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SPENCER, ALBERT 1805 CADILLAC CIRCLE TAMPA FL 33619	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FLOYD, LATANYA W. 4815 S. 87TH ST. TAMPA FL 33619	<input checked="" type="checkbox"/> DELETE	
TITLE VD.	MCPHERSON, ALLIE 8311 ENDIVE AVE TAMPA FL	<input type="checkbox"/> DELETE	
TITLE TD	MILLER, ROBERT S 5211 85TH ST S TAMPA FL	<input type="checkbox"/> DELETE	
TITLE SD	SPENCER, ALBERT 1805 CADILLAC CIRCLE TAMPA FL	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *[Date]*

CR2E037 (11/98)