


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90233 006 ****70.00

DOCUMENT # 729013	
1. Entity Name ST. JAMES APOSTLE FAITH MISSION CHURCH OF GOD OF ESCAMBIA COUNTY, FLORIDA, INC.	

Principal Place of Business 6983 TWIGGS LN PENSACOLA FL 32505	Mailing Address 6983 TWIGGS LN PENSACOLA FL 32505
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State	City & State	4. FEI Number 23-7128325	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**RICHARDSON, CHRISTINE
228 N GARFIELD
PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

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

SIGNATURE Mrs. Christine Richardson Mrs. C. Richardson 4-18-2005
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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNSON, JERVAIS	
STREET ADDRESS	2614 NORTH 7TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEASLEY, STEVEN H	
STREET ADDRESS	2300 WEST MICHIGAN #42	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMILEY, WAYNE	
STREET ADDRESS	228 SEVILLE CIR	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG, JACK	
STREET ADDRESS	333 BARKER ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES	
STREET ADDRESS	7901 MELBOURNE AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURT, BUDDY	
STREET ADDRESS	P.O. BOX 635	
CITY-ST-ZIP	FLOMATON AL 36441	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Wayne Smiley Wayne Smiley 4-18-05 850-581-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #