
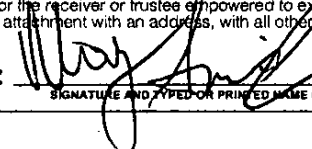


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90046 043 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7128325	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 checked="" 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		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 23 FEB 06 (850) 457-9226					