

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# 729013

Entity Name: ST. JAMES APOSTLE FAITH MISSION CHURCH OF GOD OF ESCAMBIA COUNTY, FLORIDA, INC.

Current Principal Place of Business:

6983 TWIGGS LN
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

6983 TWIGGS LN
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 23-7128325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RICHARDSON, CHRISTINE
228 N GARFIELD
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMILEY, WAYNE
Address: 228 SEVILLE CIR
City-St-Zip: MARY ESTHER, FL

Title: PD () Delete
Name: YOUNG, JACK
Address: 333 BARKER ST
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: YOUNG, JAMES
Address: 7901 MELBOURNE AVE
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: MOORE, SCHMITT
Address: 6115 N DAVIS HWY APT 62A
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE SMILEY

P

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date