2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 21, 2005 08:00			
DOCUMENT # 739388					Secr	etary of State	
1. Entity Name							
THE NEW SAINT JAMES MISSIONARY BAPTIST CHURCH, INC							
Principal Pla	ace of Business _	Mailing Address		1			
	58TH TERRACE	1360 NW 41TH STREET					
MIAMI, FL	33142 US	MIAMI, FL 33142 US					
			01102005 N	io Chg-NP C	:R2E037 (10/03)		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number		Applied For	
Ì				59-6611	287	Not Applicable	
				5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent					
MACKEN	NZIE,DONALD G.	•		no i	NOT WR		
104 CRANDON BLVD.				ו טע	AOI WA		
KEY BISCAYNE, FL 33149				IN T	HIS SPA	CE	
			,				
	ve named entity submits this statement for	the purpose of changing its register	ad office or register	ed agent, or both,	in the State of Florida.	I am familiar with, and accept	
the oblig	ations of registered agent,		•				
SIGNATURI	Signature, typed or printed name of registered agont a	ad Esta if gardie value (FIGUE Bootstock	d Agent signature required	when estantistical		DATE	
	Signature, typed or printed traine or registered agont as	to the Kappication (NOTE: Neglistere	Agent signature requied	witch (distant)			
ll.	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND E	DIRECTORS		Annual Carlon de Annual Constitution			
TITLE NAME	PD FEBRUSON JESSIE						
STREET ADDRESS	FERGUSON, JESSIE 3 1360 NW 41ST ST	,	· · · · · · · · · · · · · · · · · · ·			20902	
CITY-ST-ZIP	MIAMI, FL				04/21/05-8	20902 2057-008 70.00	
TITLE	VD	<u> </u>					
NAME STREET ADDRESS	FERGUSON,EVELYN 1360 NW 41ST ST						
CITY - ST - ZIP	MIAMI, FL				-· · ·		
TITLE	STD						
NAME STREET ADDRESS	LAWSON, ANNA LEE \$ 1166 NW 47TH TERRACE						
CiTY-\$1-ZIP	MIAMI, FL		ł	DO I	NOT WR	ITE	
TITLE				T M	HIS SPA	CE	
NAME OTREET ADDRESS	_ [ì	***	INO OLA		
STREET ADDRESS CITY-ST-ZIP)						
TITLE			- A				
NAME			ł				
STREET ADDRESS	S						
TITLE	 			10_1	442.25	= 22.00.00	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

NAME STREET ADDRESS CITY - ST-ZIP

Sture and Typed on Princed Hamy of Signing Officer on Director

65 305-635-4179