

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

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90103 049 \*\*\*\*61.25

**DOCUMENT # 740389**

1. Entity Name

ST. JAMES RESIDENCE OF THE PALM BEACHES, INC.



Principal Place of Business

400 S. OLIVE AVE.  
WEST PALM BEACH FL 33401

Mailing Address

400 S. OLIVE AVE.  
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1847497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

FLANIGAN, JOHN  
625 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401

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

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	T	<input type="checkbox"/> Delete
NAME	MANGRUM, JOHN REV	
STREET ADDRESS	6065 S. VERDE TRAIL G313	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMILTON, THE REV. WME	
STREET ADDRESS	100 N PALM WAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HESS, RAY	
STREET ADDRESS	234 INFANTA AVE.	
CITY-ST-ZIP	ROYAL PALM BCH. FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRIN, HOWARD	
STREET ADDRESS	P.O. BOX 17919	
CITY-ST-ZIP	WEST PALM BEACH FL 33416-7919	
TITLE	S	<input type="checkbox"/> Delete
NAME	MUMBY, FRANK	
STREET ADDRESS	8123 A NORTBORO COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33433	
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 checked="" type="checkbox"/> Addition
NAME	Barbara Olin	
STREET ADDRESS	2614 Emery Lane	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Dehon	
STREET ADDRESS	3800 Washington Rd #706	
CITY-ST-ZIP	West Palm Beach, FL 33405	
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:** Pamela E. Glauer, Manager 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-833-5269