

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756567

FILED
Mar 13, 2008
Secretary of State

Entity Name: SAINT JAMES UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2049 A N. HONORE AVE
SARASOTA, FL 34235 US

New Principal Place of Business:

Current Mailing Address:

2049 A N. HONORE AVE
SARASOTA, FL 34235 US

New Mailing Address:

FEI Number: 59-2106675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOETEWEE, JUDITH D
800 BEN FRANKLIN, UNIT 310
SARASOTA, FL 34236 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: COLANDRO, SARAH T
Address: 6918 TREYMORE COURT
City-St-Zip: SARASOTA, FL 34243

Title: CVT () Delete
Name: SIEGRIED, GRANT D
Address: 5622 29TH STREET CIRCLE EAST
City-St-Zip: BRADENTON, FL 342095322

Title: T () Delete
Name: BATES, ALLAN
Address: 3232 FRUITVILLE ROAD, #117
City-St-Zip: SARASOTA, FL 34237

Title: CT () Delete
Name: QUESNEL, OMER
Address: 3452 TALLYWOOD CIRCLE
City-St-Zip: SARASOTA, FL 34237

Title: S () Delete
Name: HARRISON, REX
Address: 6521 BERKSHIRE PLACE
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: CT () Delete
Name: RUSSELL, BRIAN
Address: 6009 39TH COURT EAST
City-St-Zip: BRADENTON, FL 34203

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:

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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: JUDITH D ZOETEWEE

BM

03/13/2008

Electronic Signature of Signing Officer or Director

Date