

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90043 022 ****61.25

0066357

DOCUMENT # 764019

1. Entity Name

ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF EUSTIS, FLORIDA, INC.

Principal Place of Business

Mailing Address

725 EAST MCDONALD AVENUE
 EUSTIS FL 32726

725 EAST MCDONALD AVENUE
 EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3246379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JOHN HURST B
AFRICAN METHODIST EPISCOPAL CHURCH
112 WEST ADAMS STREET, SUITE 1814
JACKSONVILLE FL 32202

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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PDC**
 STREET ADDRESS **REEVES, REV. CLARENCE**
 CITY-ST-ZIP **725 EAST MCDONALD AVENUE**
EUSTIS FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DC**
 STREET ADDRESS **BROOMFIELD, KEITH**
 CITY-ST-ZIP **215 W. MILLS STREET**
EUSTIS FL 32726 *(Address only)*

TITLE Change Addition
 NAME
 STREET ADDRESS **625 EAST MCDONALD AVENUE**
 CITY-ST-ZIP

TITLE Delete
 NAME **DC**
 STREET ADDRESS **POOLE, RENA D**
 CITY-ST-ZIP **1033 SMITH ST**
EUSTIS FL 32726

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **SWEET, THEOLA F**
 CITY-ST-ZIP **1307 JEAN COURT**
EUSTIS FL 32726

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: RENAI D POOLE **RENAID POOLE DC**

1-10-02

352-357-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)