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

FILED
May 20, 2005 8:00 am
Secretary of State
04-21-2005 90222 010 ****61.25

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

66018039

1st MOORE   CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3246379	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REV. MCKINLEY YOUNG, PRESIDING PRELATE AFRICAN METHODIST EPISCOPAL CHURCH 112 WEST ADAMS STREET, SUITE 1814 JACKSONVILLE, FL 32202	RENA D. POOLE 1033 SMITH STREET, P.O. BOX 1334 EUSTIS, FL 32727

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 _Rena D. Poole, RENA D. POOLE   VICE CH. TRUSTEES   3-21-05_
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PDC NAME REEVES, REV. CLARENCE STREET ADDRESS 725 EAST MCDONALD AVENUE CITY-ST-ZIP EUSTIS FL	☒ Delete	TITLE PDC KING, REV. RICHARD E. KING NAME STREET ADDRESS 725 E. MCDONALD AVENUE CITY-ST-ZIP EUSTIS, FL 32726	☒ Change ☐ Addition
TITLE DC NAME BROOMFIELD, KEITH STREET ADDRESS 625 EAST MCDONALD AVENUE CITY-ST-ZIP EUSTIS FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DC NAME POOLE, RENA D STREET ADDRESS 1033 SMITH ST CITY-ST-ZIP EUSTIS FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME SWEET, THEOLA F STREET ADDRESS 1307 JEAN COURT CITY-ST-ZIP EUSTIS FL 32726	☒ Delete	TITLE SD HIXSON, ELOIS J. HIXSON NAME STREET ADDRESS 504 HAZZARD AVE. CITY-ST-ZIP EUSTIS, FL 32726	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Rena D. Poole — RENA D. POOLE, DC_   3-21-05   352-357-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #