

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90155 030 ****70.00

DOCUMENT # 764019

1. Entity Name
**ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH
OF EUSTIS, FLORIDA, INC.**



Principal Place of Business
**725 EAST McDONALD AVENUE
EUSTIS, FL 32726**

Mailing Address
**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

Zip

Country

Zip

Country

04072006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-3246379

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POOLE, RENA D
1033 SMITH STREET
EUSTIS, FL 32727**

7. Name and Address of New Registered Agent

Name **Nedra J. Escorcio**

Street Address (P.O. Box Number is Not Acceptable)

728 E. Clifford Avenue

City **Eustis**

FL

Zip Code **32726**

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

Nedra J. Escorcio **Nedra J. Escorcio - DC**

4/10/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 **PDC** ☐ Delete
NAME **KING, REV. RICHARD E**
STREET ADDRESS **725 EAST McDONALD AVENUE**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **DC** ☐ Delete
NAME **BROOMFIELD, KEITH**
STREET ADDRESS **625 EAST McDONALD AVENUE**
CITY-ST-ZIP **EUSTIS, FL 32726**

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

TITLE **SD** ☒ Delete
NAME **HIKSON, ELOIS J**
STREET ADDRESS **504 HAZZARD AVE.**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Nedra J. Escorcio**
STREET ADDRESS **728 E. Clifford Avenue**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE ☐ Change ☒ Addition
NAME **Tina Clark**
STREET ADDRESS **1304 Louis Court**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE ☐ Change ☐ Addition
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 exemptions contained 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 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

Nedra J. Escorcio **Nedra J. Escorcio**

4/10/06

(352) 357-8215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #