


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

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

**ESCORICA, NEDRA
 728 E CLIFFORD AVE
 EUSTIS, FL 32726**

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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 Escorcia - Vice Chair Trustee Nedra Escorcia 4/8/08 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC KING, REV. RICHARD E 725 EAST MCDONALD AVENUE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BROOMFIELD, KEITH 625 EAST MCDONALD AVENUE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ESCORCIA, NEDRA J 728 E CLIFFORD AVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, TINA 1304 LOUIS COURT EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/23/09-80074-014 61.25

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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 Escorcia **Nedra Escorcia 4/8/08** **352-3578215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #