

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 05, 2009  
Secretary of State**

DOCUMENT# 764019

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

**Current Principal Place of Business:**

725 EAST MCDONALD AVENUE  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

725 EAST MCDONALD AVENUE  
EUSTIS, FL 32726

**New Mailing Address:**

FEI Number: 59-3246379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCORICA, NEDRA  
728 E CLIFFORD AVE  
EUSTIS, FL 32726 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: PDC ( ) Delete  
Name: KING, REV. RICHARD E  
Address: 725 EAST MCDONALD AVENUE  
City-St-Zip: EUSTIS, FL 32726

Title: DC ( ) Delete  
Name: BROOMFIELD, KEITH  
Address: 625 EAST MCDONALD AVENUE  
City-St-Zip: EUSTIS, FL 32726

Title: DC ( ) Delete  
Name: ESCORCIA, NEDRA J  
Address: 728 E CLIFFORD AVE  
City-St-Zip: EUSTIS, FL 32726

Title: SD ( ) Delete  
Name: CLARK, TINA  
Address: 1304 LOUIS COURT  
City-St-Zip: EUSTIS, FL 32726

**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:

Title: SD (X) Change ( ) Addition  
Name: JOHNSON-HIXSON, ELOIS  
Address: 502 E. HAZZARD AVE.  
City-St-Zip: EUSTIS, FL 32726

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: NEDRA J. ESCORCIA

DC

04/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date