

FILE NOW: FILING FEE IS \$61.25

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**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767477 (3)

1. Corporation Name
ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF FT. LAUDERDALE, FLORIDA, INC.

Principal Place of Business 2713 NW 12TH COURT FT. LAUDERDALE FL 33311	Mailing Address 2713 NW 12TH COURT FT. LAUDERDALE FL 33311
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/15/1983	
4. FEI Number 05-0050303	Applied For <input checked="" type="checkbox"/> Not applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 美英	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TIMES, MARY M
1608 N.W. 58TH AVENUE
LAUDERHILL FL 33311**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relistating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HILL, DAISY REV.	
STREET ADDRESS	1227 VIRGINIA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAYLOR, BEATRICE	
STREET ADDRESS	3085 N.W. 20TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAISE, BRO. JAMES	
STREET ADDRESS	880 NW 39TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, DELORES	
STREET ADDRESS	734 SW 4TH ST.	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TIMES, MARY M	
STREET ADDRESS	1608 N.W. 58 AVR.	
CITY-ST-ZIP	LAUDERHILL FL 33311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joe Major, Pro-tem Stewards
3.3 STREET ADDRESS	3410 NW 5th Ct.
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Lee, Pro-tem Trustee
4.3 STREET ADDRESS	2625 N. Andrews Ave. #203
4.4 CITY-ST-ZIP	Wilton Manors, Fl 33311
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **1/30/98**

CR2E037 (10/97)