

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90004 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 767477

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 03/15/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIMES, MARY M
 1608 N.W. 56TH AVENUE
 LAUDERHILL FL 33311

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
 NAME HILL, DAISY REV.
 STREET ADDRESS 1227 VIRGINIA AVENUE
 CITY-ST-ZIP CLEWISTON FL 33440

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME TAYLOR, BEATRICE
 STREET ADDRESS 3065 N.W. 20TH STREET
 CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME JOE MAJOR, PRO-TEM STEWAR
 STREET ADDRESS 3410 NW 5TH CT
 CITY-ST-ZIP FT LAUDERDALE FL 33311

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME DAVID LEE, PRO-TEM TRUSTE
 STREET ADDRESS 2625 N ANDREWS AVE #203
 CITY-ST-ZIP WILTON MANORS FL 33311

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DS DELETE
 NAME TIMES, MARY M
 STREET ADDRESS 1608 N.W. 56 AVR.
 CITY-ST-ZIP LAUDERHILL FL 33311

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Katherine Harris
SIGNATURE: Daisy Hill
SIGNATURE: Mary M. Times
 Date: *July 19, 1999*

0195200

CR2E037 (5/99)