

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **767477**

1. Entity Name

**ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF**

*R*

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90003 038 \*\*\*\*61.25

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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>05-0050303</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HILL, DAISY REV.</b> <b>1227 VIRGINIA AVENUE</b> <b>CLEWISTON FL 33440</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>TAYLOR, BEATRICE</b> <b>3065 N.W. 20TH STREET</b> <b>FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOE MAJOR, PRO-TEM STEWAR</b> <b>3410 NW 5TH CT</b> <b>FT LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVID LEE, PRO-TEM TRUSTE</b> <b>2625 N ANDREWS AVE #203</b> <b>WILTON MANORS FL 33311</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>TIMES, MARY M</b> <b>1608 N.W. 56 AVR.</b> <b>LAUDERHILL FL 33311</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Mary M James*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Mary M James**  
 Date **8/9/00** Daytime Phone # **954 730-2348**  
**863-983-2353**

CRE037 (5/00)