


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N02000002986 |  |
| 1. Entity Name NEW ST. JAMES MISSIONARY BAPTIST CHURCH, INC. | |

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| Principal Place of Business 1890 N.W. JAKE GLEN LAKE CITY FL 32055 | Mailing Address 1890 N.W. JAKE GLEN LAKE CITY FL 32055 |
|---|---|

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



1st MOORE CR2E037 (10/05)

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|---|----------------------------|
| 4. FEI Number NO-T APPLICABLE | Applied For Not Applied |
|---|----------------------------|

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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PARNELL, DONAL 1890 N.W. JAKE GLEN LAKE CITY FL 32055 |
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| 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. I am familiar with, and accept, the obligations of registered agent.

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| SIGNATURE | <small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when retitling)</small> | <small>DATE</small> |
|------------------|---|---|---------------------|

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|--|--|---------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TP PARNELL, DONAL 1890 N.W. JAKE GLEN LAKE CITY FL 32055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000440017 <input type="checkbox"/> Change <input type="checkbox"/> Add 03/02/06-80024-014 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT HULAND, HERMAN 650 NE GIBBS TERRACE LAKE CITY FL 32055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS ANDERSON, HARRY P RT 15 BOX 3760 LAKE CITY FL 32024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ANDERSON, CARLENE 2058 N.W. HAMP FARMER RD LAKE CITY FL 32055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SMITH, JAMES RT 22 BOX 390 LAKE CITY FL 32024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PARNELL, SAMUEL RT 1 BOX 223 LAKE CITY FL 32055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 additional page or address, and that I am duly empowered.