

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90015 028 ****61.25

DOCUMENT # N02000002986

1. Entity Name

NEW ST. JAMES MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

365 NW MARTIN BLV
LAKE CITY FL 32055

Mailing Address

365 NW MARTIN BLV
LAKE CITY FL 32055

2. Principal Place of Business - No P.O. Box #

365 NW Martin GLN

3. Mailing Address

365 NW Martin GLN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32055

Country

USA

Zip

32055

Country

USA

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARNELL, DONAL
1890 N.W. JAKE GLEN
LAKE CITY FL 32055

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.

SIGNATURE

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

(NOTE: Registered Agent Signature is required when reinstating)

DATE

FILE NOW FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TP	<input type="checkbox"/> Delete
NAME	PARNELL, DONAL	
STREET ADDRESS	1890 N.W. JAKE GLEN	
CITY- ST- ZIP	LAKE CITY FL 32055	
TITLE	TT	<input type="checkbox"/> Delete
NAME	HULAND, HERMAN	
STREET ADDRESS	650 NE GIBBS TERRACE	
CITY- ST- ZIP	LAKE CITY FL 32055	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ANDERSON, HARRY P	
STREET ADDRESS	211 SW BRIAR BROOK	
CITY- ST- ZIP	LAKE CITY FL 32024	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, CARLENE	
STREET ADDRESS	2058 N.W. HAMP FARMER RD	
CITY- ST- ZIP	LAKE CITY FL 32055	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, JAMES	
STREET ADDRESS	544 SW TUNSIL ST	
CITY- ST- ZIP	LAKE CITY FL 32024	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARNELL, SAMUEL	
STREET ADDRESS	1469 NW JAKE GLN	
CITY- ST- ZIP	LAKE CITY FL 32055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE:

Carlene Anderson

2-13-08

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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