

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007786

FILED
Feb 24, 2008
Secretary of State

Entity Name: NORTH MELBOURNE ST. JAMES MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1835 BUNCHE STREET
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1835 BUNCHE STREET
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3626399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURANT, JAZEL M
1570 ROXBURY CT NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

DURANT, HAZEL M
1570 ROXBURY CT NE
PALM BAY, FL 32905 US

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: HAZEL M. DURANT

02/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR, MELTON
Address: 2430 WILD WOOD
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: ROBINSON, EDDIE
Address: 1832 CLOVER CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: DURANT, HAZEL M
Address: 1570 ROXBURY CT NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: ROBINSON, EASTER
Address: 1832 CLOVER CIRCLE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAZEL M. DURANT

TREA

02/24/2008

Electronic Signature of Signing Officer or Director

Date