


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90022 010 ****61.25

DOCUMENT # N05000004915

1. Entity Name
ST. JAMES A.M.E. CHURCH, INC.



Principal Place of Business
**514 SOUTH 11TH STREET
 QUINCY, FL 32351**

Mailing Address
**514 SOUTH 11TH STREET
 QUINCY, FL 32351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40099141



07052006 Chg-NP CR2E037 (4/06)

4. FEI Number
20-2931448

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PLUMMER, LEE
 1514 SOUTH 11TH STREET
 QUINCY, FL 32351**

7. Name and Address of New Registered Agent

Name **Lee E. Plummer**

Street Address (P.O. Box Number is Not Acceptable)
514 South 11th Street

City **Quincy, FL** Zip Code **32351**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 6, 2006**

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	D	<input type="checkbox"/> Delete
NAME	HINSON, BARBARA	
STREET ADDRESS	1408 LEHIGH DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFERY, DOROTHY	
STREET ADDRESS	521 FAMCEE AVENUE	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPP, HELEN	
STREET ADDRESS	2016 FLAGLER STREET	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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 Chapter 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: **Dorothy Jeffery** **DOROTHY JEFFERY** **7/5/06** **850-576-8968**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #