

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUN -3 AM 8:28

DOCUMENT # N05000004915

1. Corporation Name

St. James AME Church, Inc.

2. Principal Office Address - No P.O. Box #

514 South Eleventh Street

Suite, Apt. #, etc.

3. Mailing Office Address

514 South Eleventh Street

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip

32351

Country

USA

City & State

Quincy, Florida

Zip

32351

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/12/2005

5. FEI Number

202831448

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Reverend Tony O. Hannah

Street Address (P.O. Box Number is Not Acceptable)

514 South Eleventh Street

Suite, Apt. #, Etc.

City

Quincy, Florida

State

FL

Zip Code

32351

300273616893
06/03/15--01028--006 **196.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rev. Tony O. Hannah
REGISTERED AGENT MUST SIGN

Date 5/30/2015

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Barbara G. Hinson	1408 Lehigh Drive	Tallahassee, Florida 32301
D	Sam Love, Jr.	802 ML King Jr Blvd	Quincy, Florida 32351
D	Charles Powell, Sr.	190 Powell Circle	Quincy, Florida 32351
REINSTATEMENT			S. HAWKES
2007-2015			JUN 4 - AM
			EXAMINED

10. E-mail Address: stjamesame@tds.net

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, that information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Barbara G. Hinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/30/2015

Daytime Phone #

(850)508-7604