2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006734

Oct 11, 2006 Secretary of State

Entity Name: ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH, JACKSON COUNTY, MARIANNA,

FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ST. JAMES A.M.E. CHURCH 2891 ORANGE STREET MARIANNA, FL 32448

Current Mailing Address: New Mailing Address:

C/O ST. JAMES A.M.E. CHURCH C/O ST. JAMES A.M.E. CHURCH 2891 ORANGE STREET POST OFFICE BOX 806 MARIANNA, FL 32448 MARIANNA, FL 32447

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKINNEY, BENJAMIN W SYKES, SR, D.D., JAMES D PASTOR 2891 ORANGE STREET 2891 ORANGE STREET MARIANNA, FL 32448 MARIANNA, FL 32448

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: JAMES D. SYKES, SR., DD, PASTOR 10/11/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCKINNEY, BENJAMIN W SYKES, SR, D.D., JAMES D PASTOR Name: Name: 2891 ORANGE STREET Address: 2891 ORANGE STREET Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: MARIANNA, FL 32448 Title: () Delete Title: () Change () Addition BRONSON, SONNIE S Name: Name: Address: 4110 LONG STREET Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title: () Delete Title: () Change () Addition SPEIGHTS, JOHNNY Name: Name: 2810 HAWK STREET Address: Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: Title:

DS () Delete Title: () Change () Addition

Name: ELLIS, BETTY P Name: 2840 WINDSOR LANE Address: Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES D. SYKES, SR., D.D., PASTOR Ρ 10/11/2006