

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000006734

1. Entity Name  
ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH,  
JACKSON COUNTY, MARIANNA, FLORIDA, INC.



FILED

08 JUL 18 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Mailing Address  
C/O ST. JAMES A.M.E. CHURCH  
POST OFFICE BOX 806  
MARIANNA, FL 32447

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10142007 REIN-NP

CR2E099 (1/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name BELL, Melvin Rev. Pastor  
Street Address (P.O. Box Number is Not Acceptable)  
2891 Orange Street  
Marianna, Florida 32448  
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 Melvin Bell

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

Melvin Bell

(NOTE: Registered Agent signature required when reinstating)

12-23-07

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2008, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  
P  
SYKES, SR, D.D., JAMES D PASTOR  
STREET ADDRESS  
2891 ORANGE STREET  
CITY-ST-ZIP  
MARIANNA, FL 32448 ☒ Delete

TITLE NAME  
Pastor  
BELL, Melvin Rev.  
STREET ADDRESS  
2891 Orange Street  
CITY-ST-ZIP  
Marianna, Florida 32448 ☐ Change ☒ Addition

TITLE NAME  
DV  
BRONSON, SONNIE S  
STREET ADDRESS  
4110 LONG STREET  
CITY-ST-ZIP  
MARIANNA, FL 32448 ☐ Delete

TITLE NAME  
600113469666  
STREET ADDRESS  
12/28/07--01014--010 \*\*175.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
DT  
SPEIGHTS, JOHNNY  
STREET ADDRESS  
2810 HAWK STREET  
CITY-ST-ZIP  
MARIANNA, FL 32448 ☐ Delete

TITLE NAME  
REINSTATEMENT  
STREET ADDRESS  
07-08 ☐ Change ☐ Addition

TITLE NAME  
DS  
ELLIS, BETTY P  
STREET ADDRESS  
2840 WINDSOR LANE  
CITY-ST-ZIP  
MARIANNA, FL 32448 ☐ Delete

TITLE NAME  
400133757674  
STREET ADDRESS  
07/30/08--01032--005 \*\*122.50  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Melvin Bell MELVIN BELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-07

Date

850-371-0311

Daytime Phone #