

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**


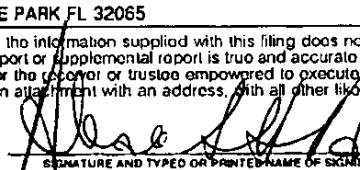
**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90093 037 \*\*\*\*61.25

**66020042**



1st MOORE CR2E037 (10/06)

<b>DOCUMENT # N06000011491</b> 1. Entity Name <b>ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF ORANGE PARK, INC.</b>			
Principal Place of Business <b>535 MCINTOSH AVENUE ORANGE PARK FL 32073</b>		Mailing Address <b>535 MCINTOSH AVENUE ORANGE PARK FL 32073</b>	
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
4. FEI Number <b>593230354</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>YOUNG, MCKINLEY BISHOP 101 EAST UNION STREET SUITE 300 JACKSONVILLE FL 32202</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature returned when returning) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT-FORD, ALESIA REVEREN	NAME	
STREET ADDRESS	1555 C VINELAND CIRCLE	STREET ADDRESS	
CITY- ST- ZIP	ORANGE PARK FL 32003	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ZINA	NAME	
STREET ADDRESS	203 KETTING COURT	STREET ADDRESS	
CITY- ST- ZIP	ORANGE PARK FL 32073	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, CAROL	NAME	
STREET ADDRESS	8908 SPRING HARVEST DR	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32244	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CLIFFORD	NAME	
STREET ADDRESS	7920 LOCHNESS COURT	STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32244	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPION, CHARLES*	NAME	
STREET ADDRESS	2573 COUNTRY SIDE DRIVE	STREET ADDRESS	
CITY- ST- ZIP	ORANGE PARK FL 32003	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, HATTIE	NAME	
STREET ADDRESS	967 COBBLESTONE DR	STREET ADDRESS	
CITY- ST- ZIP	ORANGE PARK FL 32065	CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 officer 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: 		Date: <b>4/24/07</b> Daytime Phone #: <b>904-563-5764</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	