


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90219 016 ****70.00

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1. Entity Name
ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF ORANGE PARK, INC.



Principal Place of Business 535 MCINTOSH AVENUE ORANGE PARK, FL 32073	Mailing Address 535 MCINTOSH AVENUE ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3230354	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> EX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, MCKINLEY BISHOP
 101 EAST UNION STREET
 SUITE 300
 JACKSONVILLE, FL 32202**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCOTT-FORD, ALESIA REVEREN 1566 C VINELAND CIRCLE 2031 Bluebonnet way Orange Park, FL ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, ZINA 203 KETTING COURT ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, CAROL 8908 SPRING HARVEST DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CLIFFORD 7920 LOCHNESS COURT JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPION, CHARLES 2573 COUNTRY SIDE DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, HATTIE 967 COBBLESTONE DR ORANGE PARK, FL 32065

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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: *Alesia Scott-Ford* **Alesia Scott-Ford** 4/26/08 904 563-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #