2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011491

FILED Apr 27, 2009 Secretary of State

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

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

535 MCINTOSH AVENUE ORANGE PARK, FL 32073

Current Mailing Address: New Mailing Address:

535 MCINTOSH AVENUE ORANGE PARK, FL 32073

FEI Number: 59-3230354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

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

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:

- Flateria Circular d'Arrel

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition Name: SCOTT-FORD, ALESIA REVEREN Name: FORD-BURSE, ALESIA REVEREN Address: 2031 BLUEBONNET WAY Address: 2031 BLUEBONNET WAY City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete Title: () Change () Addition

 Name:
 SANCHEZ, ZINA
 Name:

 Address:
 203 KETTING COURT
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 OWENS, CAROL
 Name:

 Address:
 8908 SPRING HARVEST DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 MARTIN, CLIFFORD
 Name:

 Address:
 7920 LOCHNESS COURT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:

Name:CHAMPION, CHARLESName:BIVENS, BARBARAAddress:2573 COUNTRY SIDE DRIVEAddress:152 PASSAGE

City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ALEXANDER, HATTIE
 Name:
 WARE, DOROTHY

 Address:
 967 COBBLESTONE DR
 Address:
 1706 BARLETT AVE

 City-St-Zip:
 ORANGE PARK, FL 32065
 City-St-Zip:
 ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify 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: ALESIA FORD-BURSE CD 04/27/2009