

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 14 PM 3:57



**DOCUMENT # N07000002305**  
1. Entity Name  
**ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF INVERNESS, INC.**

Principal Place of Business <b>204 NORTH APOPKA AVE INVERNESS, FL 34450</b>	Mailing Address <b>204 NORTH APOPKA AVE INVERNESS, FL 34450</b>
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2. Principal Place of Business - No P.O. Box # <b>204 North Apopka Ave.</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>P.O. Box 2664</b> <small>Suite, Apt. #, etc.</small>
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01282008 Chg-NP CR2E037 (12/06)

City & State <b>Inverness, FL 34450</b>	City & State <b>Inverness, FL 34451</b>
Zip <b>34450</b>	Country <b>U.S.A.</b>
Zip <b>34451</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3010729</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WILSON, DELORES 204 NORTH APOPKA AVE INVERNESS, FL 34450</b>	
7. Name and Address of New Registered Agent	
Name <b>Delores Wilson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>420 Davidson Ave.</b>	
City <b>Inverness,</b>	FL Zip Code <b>34450</b>

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 *Delores Wilson* DATE 2/10/08

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. WHEELER, TYRONE P REV. 27286 FLAGLER AVENUE BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100118437691</b> <b>02/20/08--01019--020 **70:00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Greene, Shirley 3518 East Kirby Lane Inverness, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Franklin, Donald <del>918 Sawyer Street</del> Inverness, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Murphy, Marjorie 917 Railroad St. P.O. Box 1044 Inverness, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D2/14/08</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rev. Tyrone P. Wheeler* DATE: 2/10/08 - (352) 277-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #