

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002305

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

204 NORTH APOPKA AVE
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2664
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 59-3010729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DELORES
420 DAVIDSON AVE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

YOUNG, MCKINLEY RT. RE.
101 E. UNION STREET
SUITE 301
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: RT. REV. MCKINLEY YOUNG

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHEELER, TYRONE P REV.
Address: 27286 FLAGLER AVENUE
City-St-Zip: BROOKSVILLE, FL 34602

Title: T () Delete
Name: GREENE, SHIRLEY
Address: 3518 EAST KIRBY LANE
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: FRANKLIN, DONALD
Address: 918 SAWYER STREET
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: MURPHY, MARJORIE
Address: 917 RAILROAD ST, P.O. BOX 1044
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REV. TYRONE WHEELER

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date