2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007418

City-St-Zip:

POMPANO BEACH, FL 33069

Entity Name: ST. JAMES WORSHIP CENTER, INC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
Current M	M 21TH AVE ANO BEACH, FL 33069 Int Mailing Address: M 21TH AVE ANO BEACH, FL 33069 Inber: FEI Number Applied For () and Address of Current Registered Agent: ARD, WYLIE L SR JW 44TH CT ERHILL, FL 33319 US DOVE named entity submits this statement for the postate of Florida. ATURE: Electronic Signature of Registered Agent: Electronic Signature of Registered Agent: Electronic Signature of Registered Agent: ATURE: Electronic Signature of Registered Agent: Electronic Signature of Regi	New Mailing Address:	
El Number:	: FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired ()	
Name and	Address of Current Registered Agent	Name and Address of New Registered Agent:	
6920 NW 4	44TH CT		
		ne purpose of changing its registered office or registered agent, or bot	
SIGNATUR	RE:		
	Electronic Signature of Registered	Agent Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
Fitle: Name: Address: City-St-Zip:	HOWARD, WYLIE L SR 6920 NW 44TH CT	Title: () Change () Addition Name: Address: City-St-Zip:	
Fitle: Name: Address: City-St-Zip:	PACK, TORRANCE 500 NW 21TH AVE	Title: () Change () Addition Name: Address: City-St-Zip:	
Fitle: Name: Address: Dity-St-Zip:	SMITH, LEONÁRD 500 NW 21TH AVE	Title: DS (X) Change () Addition Name: HOWARD, RODNEY Address: 500 NW 21TH AVE City-St-Zip: POMPANO BEACH, FL 33069	
Title: Name: Nddress: Dity-St-Zip:	HOWARD, RODNEY 500 NW 21TH AVE	Title: () Change () Addition Name: Address: City-St-Zip:	
Fitle: √ame: √ddress:	D (X) Delete WALLACE, LEVI 500 NW 21TH AVE	Title: () Change () Addition Name: Address:	

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.

City-St-Zip:

SIGNATURE: WYLIE L HOWARD, SR DP 04/30/2008