

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90026 002 ****61.25

DOCUMENT # N07000009019					
1. Entity Name ST. JAMES MISSIONARY BAPTIST CHURCH OF BUNNELL, FL, INC.					
Principal Place of Business 609 S. STATE ST BUNNELL, FL 32110			Mailing Address P.O. BOX 924 BUNNELL, FL 32110		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6910511	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILKERSON, PATRICK A 609 S. STATE ST BUNNELL, FL 32110			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME PATRICK, WILKERSON A STREET ADDRESS 857 WHITE CT CITY-ST-ZIP DAYTONA BEACH, FL 32117	<input type="checkbox"/> Delete				
TITLE D NAME BROWN, JOE JR STREET ADDRESS 504 S. CHURCH ST CITY-ST-ZIP BUNNELL, FL 32110	<input type="checkbox"/> Delete				
TITLE D NAME WILLIAMS, DAVID STREET ADDRESS P.O. BOX 483 CITY-ST-ZIP BUNNELL, FL 32110	<input type="checkbox"/> Delete				
TITLE D NAME JOHNSON, ANNIE L STREET ADDRESS 14 ZOFFER CT CITY-ST-ZIP PALM COAST, FL 32164	<input type="checkbox"/> Delete				
TITLE D NAME MADDOX, RETTA STREET ADDRESS 603 HYMON CIR CITY-ST-ZIP BUNNELL, FL 32110	<input type="checkbox"/> Delete				
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE C/D NAME WILKERSON, PATRICK A. STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <i>Patrick Wilker</i>		1-14-08		386-437-2794	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	