2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N07000009019

Entity Name: ST. JAMES MISSIONARY BAPTIST CHURCH OF BUNNELL, FL, INC.

Current Principal Place of Business:

609 S. STATE ST
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 924
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-6910511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILKERSON, PATRICK A
609 S. STATE ST
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: WILKERSON, PATRICK A
Address: 857 WHITE CT
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D ( ) Delete
Name: BROWN, JOE JR
Address: 504 S. CHURCH ST
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete
Name: WILLIAMS, DAVID
Address: P.O. BOX 483
City-St-Zip: BUNNELL, FL 32110

Title: D ( ) Delete
Name: JOHNSON, ANNIE L
Address: 14 ZOFFER CT
City-St-Zip: PALM COAST, FL 32164

Title: D ( ) Delete
Name: MADDOX, RETTA
Address: 603 HYMON CIR
City-St-Zip: BUNNELL, FL 32110

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:

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: PATRICK A. WILKERSON CD 07/01/2009
Electronic Signature of Signing Officer or Director — Date