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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07709 (1)**

1. Corporation Name  
**ST. JAMES A. M. E. CHURCH OF BARTOW, INC.**

Principal Place of Business <b>POST OFFICE BOX 572 BARTOW FL 33830</b>	Mailing Address <b>POST OFFICE BOX 572 BARTOW FL 33830</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>33831</b> Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>33831</b> Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/19/1985</b>	3a. Date of Last Report <b>04/11/1994</b>
4. FEI Number <b>59-2986271</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORBETT, JORDAN J  
1855 MAGNOLIA ST.  
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81 Name <b>LONGWORTH, LEO</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1395 E. MAGNOLIA ST.</b>
83
84 City <b>BARTOW</b>
85 State <b>FL</b>
86 Zip Code <b>33830</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Leo E. Longworth Leo E. Longworth 4/19/95

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HOLLAND, BERT 2115 MAGNOLIA STREET BARTOW FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MITCHELL, ELLIS 1070 CARVER AVE BARTOW FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CORBETT, JORDAN J 1855 MAGNOLIA ST. BARTOW FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GAUSE, ALVE 2185 E PALMETTO ST BARTOW FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FLETCHER, DORIS 950 CARVER AVE BARTOW FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LONGWORTH, LEO 1395 E MAGNOLIA ST BARTOW FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D WATSON, GERALDINE O. 1750 GIBBONS STREET, E BARTOW, FL 33830</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leo E. Longworth Leo E. Longworth 4/19/95 813-533-3136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #