FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07709 (1)

1. Corporation Name

ST. JAMES A. M. E. CHURCH OF BARTOW, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 572 BARTOW FL 33831 US	POST OFFICE BOX 572 BARTOW FL 33831-0572 US

3. Date Incorporated or Qualified: 02/19/1985
3a. Date of Last Report: 07/18/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2986271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LONGWORTH, LEO
1395 E. MAGNOLIA ST.
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE LEO E. LONGWORTH Leo E Longworth 1-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	HOLLAND, BERT		1.2 NAME	Scott, Mary J.	
STREET ADDRESS	2115 MAGNOLIA STREET		1.3 STREET ADDRESS	405 5th Avenue, S	
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	☑ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	MITCHELL, ELLIS		2.2 NAME	McKennie, Bobbie M.	
STREET ADDRESS	1070 CARVER AVE		2.3 STREET ADDRESS	2155 E. Magnolia St.	
CITY-ST-ZIP	BARTOW FL		2.4 CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, GERALDINE O.		3.2 NAME		
STREET ADDRESS	1750 EAST GIBBONS STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	GAUSE, ALVE		4.2 NAME		
STREET ADDRESS	2185 E PALMETTO ST		4.3 STREET ADDRESS	2185 Martin Luther King, Jr. Blvd E	
CITY-ST-ZIP	BARTOW FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HINSON, HARRIETT,B		5.2 NAME		
STREET ADDRESS	2140 MARTIN LUTHER KING JR BLVD E		5.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LONGWORTH, LEO		6.2 NAME		
STREET ADDRESS	1395 E MAGNOLIA ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 1-14-97 941-533-3136