

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90026 036 ****61.25

DOCUMENT # N07709

1. Entity 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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2986271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** Delete
 NAME **SCOTT, MARY J**
 STREET ADDRESS **405 5TH AVE. S.**
 CITY-ST-ZIP **BAROW FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCKENNIE, BOBBIE M**
 STREET ADDRESS **2155 E. MAGNOLIA ST.**
 CITY-ST-ZIP **BARTOW FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GAUSE, ALVE**
 STREET ADDRESS **2185 MARTIN LUTHER KING JR. BLVD. E.**
 CITY-ST-ZIP **BARTOW FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME ~~**HINSON, HARRIETT, B**~~
 STREET ADDRESS ~~**2140 MARTIN LUTHER KING JR BLVD E**~~
 CITY-ST-ZIP ~~**BARTOW FL 33830**~~

TITLE Change Addition
 NAME **Daphne Williams**
 STREET ADDRESS **2890 Howard Street**
 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **D** Delete
 NAME **LONGWORTH, LEO**
 STREET ADDRESS **1395 E MAGNOLIA ST**
 CITY-ST-ZIP **BARTOW FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WILLIAMS, HARRY R**
 STREET ADDRESS **PO BOX 4092**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary J. Scott
MARY J. SCOTT

863-533-7537

CR2E037 (9/01)