

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N07709	
1. Entity Name ST. JAMES A. M. E. CHURCH OF BARTOW, INC.	
Principal Place of Business POST OFFICE BOX 572 BARTOW, FL 33831 US	Mailing Address POST OFFICE BOX 572 BARTOW, FL 33831 US



01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2986271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LONGWORTH, LEO
 1395 E. MAGNOLIA ST.
 BARTOW, FL 33830

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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SCOTT, MARY J 405 5TH AVE. S. BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKENNIE, BOBBIE M 2155 E. MAGNOLIA ST. BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORBEIT, E. DELORES 1655 E MAGNOLIA STREET BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WILLIAMS, DAPHNE 2890 HOWARD STREET MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONGWORTH, LEO 1395 E MAGNOLIA ST BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, HARRY R PO BOX 4092 BARTOW, FL 33830

U00000202763
 01/28/05-80003-024 61.25

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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: *Daphne O. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/20/05 Daytime Phone # (863) 533-6109