


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07709</b> 1. Entity Name ST. JAMES A. M. E. CHURCH OF BARTOW, INC.	
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Principal Place of Business POST OFFICE BOX 572 BARTOW, FL 33831 US	Mailing Address POST OFFICE BOX 572 BARTOW, FL 33831 US
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**DO NOT WRITE IN THIS SPACE**



08072006 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

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: Leo E. Longworth, RA DATE: 8-8-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

U00000574135  
 08/11/06-80005-003 61.25

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Leo E. Longworth DATE: 8-8-06 DAYTIME PHONE #: 863-533-3136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR