

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 15 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
2. Principal Place of Business - No P.O. Box # 795 S. 4th Avenue	3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Bartow, FL	City & State	
Zip 33830	Country USA	4. FEI Number 59-2986271
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent LONGWORTH, LEO 1395 E. MAGNOLIA ST. BARTOW, FL 33830		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>Leo E. Longworth</i> Leo E. Longworth		DATE 10-29-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE DS <input type="checkbox"/> Delete NAME SCOTT, MARY J STREET ADDRESS 405 5TH AVE. S. CITY-ST-ZIP BAROW, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 900111557459 CITY-ST-ZIP 10/31/07--01052--009 **236.25	
TITLE D <input checked="" type="checkbox"/> Delete NAME MCKENNIE, BOBBIE M STREET ADDRESS 2155 E. MAGNOLIA ST. CITY-ST-ZIP BARTOW, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> Delete NAME CORBEIT, E. DELORES STREET ADDRESS 1655 E MAGNOLIA STREET CITY-ST-ZIP BARTOW, FL 33830	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DS <input type="checkbox"/> Delete NAME WILLIAMS, DAPHNE STREET ADDRESS 2890 HOWARD STREET CITY-ST-ZIP MULBERRY, FL 33860	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME LONGWORTH, LEO STREET ADDRESS 1395 E MAGNOLIA ST CITY-ST-ZIP BARTOW, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME WILLIAMS, HARRY R STREET ADDRESS PO BOX 4092 CITY-ST-ZIP BARTOW, FL 33830	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Leo E. Longworth</i> Leo E. Longworth		Date 10/29/07
Signature and typed or printed name of signing officer or director		Daytime Phone # 883-533-3136

11/20/07