


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N07709</b>	
1. Entity Name ST. JAMES A. M. E. CHURCH OF BARTOW, INC.	

Principal Place of Business 795 14TH AVENUE BARTOW, FL 33830 US	Mailing Address POST OFFICE BOX 572 BARTOW, FL 33831
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**DO NOT WRITE IN THIS SPACE**



02162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2986271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 Longworth, Director* DATE: 2-25-08

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 May 1, 2008**

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

03/12/08-80009-009 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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 Longworth* DATE: 2-25-08 DAYTIME PHONE #: 863-533-3136

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR