

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07709

FILED
Mar 04, 2009
Secretary of State

Entity Name: ST. JAMES A. M. E. CHURCH OF BARTOW, INC.

Current Principal Place of Business:

795 54TH AVENUE
BARTOW, FL 33830 US

New Principal Place of Business:

795 SOUTH 4TH AVENUE
BARTOW, FL 33830 US

Current Mailing Address:

POST OFFICE BOX 572
BARTOW, FL 33831

New Mailing Address:

FEI Number: 59-2986271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: LEO E. LONGWORTH

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SCOTT, MARY J
Address: 405 5TH AVE. S.
City-St-Zip: BAROW, FL

Title: DS () Delete
Name: WILLIAMS, DAPHNE
Address: 2890 HOWARD STREET
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: LONGWORTH, LEO,
Address: 1395 E MAGNOLIA ST
City-St-Zip: BARTOW, FL

Title: D () Delete
Name: WILLIAMS, HARRY R
Address: PO BOX 4092
City-St-Zip: BARTOW, FL 33830

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: SCOTT, MARY J
Address: 405 5TH AVE. S.
City-St-Zip: BAROW, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LONGWORTH, LEO E.,
Address: 1395 E MAGNOLIA ST
City-St-Zip: BARTOW, FL 33830

Title: DP (X) Change () Addition
Name: WILLIAMS, HARRY R
Address: PO BOX 4092
City-St-Zip: BARTOW, FL 33830

Title: DS () Change (X) Addition
Name: WILLIAMS, PORCHA J
Address: 1540 CAROLINA COURT
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY R. WILLIAMS

DP

03/04/2009

Electronic Signature of Signing Officer or Director

Date