

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90445 013 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2986271**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

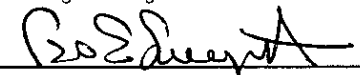
Street Address (P.O. Box Number is Not Acceptable)

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-26-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

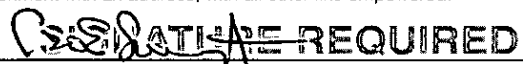
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCOTT, MARY J 405 5TH AVE. S. BARTOW FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNIE, BOBBIE M 2155 E. MAGNOLIA ST. BARTOW FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUSE, ALVE 2185 MARTIN LUTHER KING JR. BLVD. E. BARTOW FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, DAPHNE 2890 HOWARD STREET MULBERRY FL 33860	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGWORTH, LEO 1395 E MAGNOLIA ST BARTOW FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, HARRY R PO BOX 4092 BARTOW FL 33830	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. McCoy, Melvin D. 1115 MAGNOLIA ST. BARTOW, FL. 33830	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: 

1-26-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)