

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003682

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** SAINT JAMES RECOVERY AND MASTER FAMILIES TRANSITIONAL HOUSING, INC.

**Current Principal Place of Business:**

220 ROSS DR.  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 6844  
DELRAY BEACH, FL 33482

**New Mailing Address:**

**FEI Number:** 26-4509381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEXTER, PATRICIA  
220 ROSS DR  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JACKSON, SHELRA S PASTOR  
Address: 150 SOUTH WEST DALVA  
City-St-Zip: PORT SAINT LUCIE, FL 34997

Title: TD  
Name: DEXTER, PATRICIA  
Address: 964 W. 6TH ST.  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D  
Name: PEARL, THOMAS-WILSON  
Address: 6362 SIMENOLE CIRCLE  
City-St-Zip: LANTANA, FL 33463

Title: S  
Name: BUCH, ADRAIN  
Address: 550 PURDY LANE APARTMENT B-215  
City-St-Zip: PALM SPRING, FL 33461

Title: T  
Name: BARBER, SERA  
Address: 964 W 6TH STREET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D  
Name: LEBANNEL, AMBER  
Address: 1689 FORUM PLACE %COMMCARE PHARMACY  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: SERA BARBER

T

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date