

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N09676</b> 1. Entity Name <b>SAINT JAMES AFRICAN METHODIST EPISCOPAL CHURCH, SANFORD, FLORIDA, INC.</b>				 <b>FILED</b> JAN -15 PM 5:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>819 CYPRESS AVENUE SANFORD, FL 32771 US</b>		Mailing Address <b>P.O. BOX 1903 SANFORD, FL 32772 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 07162008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-3433647</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHAMPION, GEORGE 401 E 7TH STREET SANFORD, FL 32771</b>				7. Name and Address of New Registered Agent Name <b>Rt. Rev. McKinley Young</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 East Union Street</b> Suite #301 City <b>Jacksonville</b> <b>FL</b> <b>32201</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, name or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <b>McKinley Young</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;">           DATE         </div> </div>					
<b>Filing Fee is \$81.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>YOUNG, BISHOP M</b> <b>101 E UNION ST</b> <b>JACKSONVILLE, FL 32201</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000138257810</b> <b>11/25/08--01017--003 **61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAMPION, GEORGE</b> <b>401 E 7TH STREET</b> <b>SANFORD, FL 32771</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Cuthbert, Cedric</b> <b>401 E 7th Street</b> <b>Sanford, Florida 32771</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STALLWORTH, SYLVIA</b> <b>617 SANFORD AVE.</b> <b>SANFORD, FL 32771</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BOOKMAN, CAB</b> <b>1202 W. 7TH STREET</b> <b>SANFORD, FL 32771</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCCOY, ELDRED</b> <b>1419 MARA COURT</b> <b>SANFORD, FL 32771</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>McCoy, Joyce</b> <b>P.O. Box 801</b> <b>Sanford, Florida 32772</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILSON, MILDRED</b> <b>1805 HARDING AVE.</b> <b>SANFORD, FL 32771</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000138257810</b> <b>01/20/09--01057--017 **175.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, and all other like empowered.					
SIGNATURE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Cedric Cuthbert</b> <b>9-12-08</b> <b>321</b> <small>Date Daytime Phone #</small>		