

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09676

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** SAINT JAMES AFRICAN METHODIST EPISCOPAL CHURCH, SANFORD, FLORIDA, INC.

**Current Principal Place of Business:**

819 CYPRESS AVENUE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1903  
SANFORD, FL 32772 US

**New Mailing Address:**

**FEI Number:** 59-3433647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, MCKINLEY RT. REV  
101 E. UNION ST., STE 301  
JACKSONVILLE, FL 32201 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: P  
Name: CUTHBERT, CEDRIC  
Address: 401 E 7TH ST.  
City-St-Zip: SANFORD, FL 32771

Title: V  
Name: BOOKMAN, CAB  
Address: 1202 W. 7TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: T  
Name: STILE, LEONARD  
Address: P.O. BOX 1903  
City-St-Zip: SANFORD, FL 32772

Title: S  
Name: WILSON, MILDRED  
Address: 1805 HARDING AVE.  
City-St-Zip: SANFORD, FL 32771

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: CEDRIC CUTHBERT

P

04/23/2012

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

\_\_\_\_\_  
Date