


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # N16343
1. Entity Name
ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business Mailing Address
**C/O WILLIAM R. ROBERSON
1436 S. MADISON AVE.
CLEARWATER FL 34616** **C/O WILLIAM R. ROBERSON
1436 S. MADISON AVE.
CLEARWATER FL 34616**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For / Not Applicable
NO-T APPLICABLE

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

6. Name and Address of Current Registered Agent
**ROBERSON, WILLIAM M.
1701 HARBOR DR.
CLEARWATER FL 34615**

7. Name and Address of New Registered Agent
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 time if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JOHNSON, REV. J.D.	1436 S. MADISON AVE.	CLEARWATER FL	<input type="checkbox"/>
DT	ROBERSON, RUTH	1701 HARBOR DR.	CLEARWATER FL	<input type="checkbox"/>
T	MILLER, ABRAHAM	1763 HARBOR DR.	CLEARWATER FL	<input type="checkbox"/>
T	ROBERSON, WILLIAM M.	1701 HARBOR DR.	CLEARWATER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE *William M. Roberson*

212-06