

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16343

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

C/O WILLIAM R. ROBERSON  
1436 S. MADISON AVE.  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLIAM R. ROBERSON  
1436 S. MADISON AVE.  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 80-1267455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBERSON, WILLIAM M.  
1701 HARBOR DR.  
CLEARWATER, FL 34615 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: D  
Name: SMITH, BERNARD S  
Address: 1436 S. MADISON AVE.  
City-St-Zip: CLEARWATER, FL

Title: T  
Name: DENNIS, DARRYL  
Address: 14989 54TH WAY N.  
City-St-Zip: CLEARWATER, FL 33760

Title: T  
Name: ROBERSON, WILLIAM M.  
Address: 1701 HARBOR DR.  
City-St-Zip: CLEARWATER, FL

Title: C  
Name: MILLER, JOSPEH  
Address: 1522 S WASHINGTON AVE  
City-St-Zip: CLEARWATER, FL 33756

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: BERNARD S. SMITH

D

01/27/2010

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

\_\_\_\_\_  
Date