FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90120 050 ****61.25

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DOCUMENT # N20520

1. Corporation Name
ST. JAMES UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
400 REID STREET PALATKA FL 32177-3734	400 REID STREET PALATKA FL 32177-3734

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
05/06/1987

4. FEI Number
59-0760225
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FLANDERS, JOE
158 EAST RIVER ROAD
EAST PALATKA FL 32131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLANDERS, JOE		1.2 NAME		
STREET ADDRESS	158 EAST RIVER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA FL 32131		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, JIMMIE		2.2 NAME		
STREET ADDRESS	179 BEECHERES PTE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WELAKA FL 32193		2.4 CITY-ST-ZIP		
TITLE	PC	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	SURINO, RIC		3.2 NAME		
STREET ADDRESS	101 REBECCA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TORODE, BILL		4.2 NAME		
STREET ADDRESS	257 RIVER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	E. PALATKA FL 32131		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, LUCY		5.2 NAME		
STREET ADDRESS	RT 1 BOX449-A		5.3 STREET ADDRESS		
CITY-ST-ZIP	E PALATKA FL 32131		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCKINLEY, JOHN		6.2 NAME		
STREET ADDRESS	~~RT 2 BOX 336~~ 357 W. River Road		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Flanders SIGNATURE REQUIRED 1-26-99 904-328-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #