~~2004~~ NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N20520

1. Entity 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

01162004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

SURINO, RIC
101 REBECCA LANE
PALATKA, FL 32177

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLANDERS, JOE
STREET ADDRESS	470 207A
CITY-ST-ZIP	EAST PALATKA, FL 32031
TITLE	S
NAME	HIRSCHMAN, HENRY
STREET ADDRESS	126 HERJA ACRE LANE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	PC
NAME	SURINO, RIC
STREET ADDRESS	101 REBECCA LANE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	TORODE, JUDY B
STREET ADDRESS	PO BOX 801
CITY-ST-ZIP	PALATKA, FL 32178
TITLE	D
NAME	TUTTLE, TOM
STREET ADDRESS	144 CYPRESS POINT CIRCLE
CITY-ST-ZIP	E PALATKA, FL 32131
TITLE	D
NAME	HODGE, GLADYS
STREET ADDRESS	1505 CARR ST
CITY-ST-ZIP	PALATKA, FL 32177

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01/26/04-80071-009 61.25

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12. 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 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: R A Surino 1/22/04 328-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #