


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90300 004 ****61.25

DOCUMENT # N20520 1. Entity Name ST. JAMES UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 400 REID STREET PALATKA, FL 32177-3734	Mailing Address 400 REID STREET PALATKA, FL 32177-3734
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50042297



DO NOT WRITE IN THIS SPACE

04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0760225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Mr. Don Hansford
 126 Leyda Blvd.
 East Palatka, Florida 32131

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANDERS, JOE 470 207A EAST PALATKA, FL 32031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIRSCHMAN, HENRY 126 HERJA ACRE LANE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Mr. Don Hansford 126 Leyda Blvd. East Palatka, Florida 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORODE, JUDY B PO BOX 801 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTTLE, TOM 144 CYPRESS POINT CIRCLE E PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, GLADYS 1505 CARR ST PALATKA, FL 32177

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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____