


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 020 ****61.25

DOCUMENT # N20520					
1. Entity Name ST. JAMES UNITED METHODIST CHURCH, INC.					
Principal Place of Business 400 REID STREET PALATKA, FL 32177-3734			Mailing Address 400 REID STREET PALATKA, FL 32177-3734		
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 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				7. Name and Address of New Registered Agent	
HANSFORD, DON MR 126 LEYDA BLVD EAST PALATKA, FL 32131				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANDERS, JOE		NAME	DOWN'S, KENNY	
STREET ADDRESS	470 207A		STREET ADDRESS	2020 Ashbrooke Lane	
CITY-ST-ZIP	EAST PALATKA, FL 32031		CITY-ST-ZIP	Palatka, FL 32177	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCHMAN, HENRY		NAME		
STREET ADDRESS	126 HERJA ACRE LANE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	PC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSFORD, DON MR		NAME		
STREET ADDRESS	126 LEYDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA, FL 32131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORODE, JUDY B		NAME		
STREET ADDRESS	PO BOX 801		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32178		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLE, TOM		NAME		
STREET ADDRESS	144 CYPRESS POINT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	E PALATKA, FL 32131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, GLADYS		NAME		
STREET ADDRESS	1505 CARR ST		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Nancy S. Hull</i>		SIGNATURE: <i>Nancy S. Hull</i>		Date: <i>4-27-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>386/325-1461</i>	

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