


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90443 017 ****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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 04212007 Chg-NP CR2E037 (12/06) | |
| | | 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 | |
| | | State 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 _____ | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOWNES, KENNY | NAME | |
| STREET ADDRESS | 2020 ASHBROOKE LN | STREET ADDRESS | Mike Flanders |
| CITY-ST-ZIP | PALATKA, FL 32177 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HIRSCHMAN, HENRY | NAME | |
| STREET ADDRESS | 126 HERJA ACRE LANE | STREET ADDRESS | Thomas Shearer |
| CITY-ST-ZIP | PALATKA, FL 32177 | CITY-ST-ZIP | |
| TITLE | PC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HANSFORD, DON MR | NAME | |
| STREET ADDRESS | 126 LEYDA BLVD | STREET ADDRESS | Bill Torode |
| CITY-ST-ZIP | EAST PALATKA, FL 32131 | CITY-ST-ZIP | |
| TITLE | MBR <input type="checkbox"/> Delete | TITLE | <input 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 | MBR <input type="checkbox"/> Delete | TITLE | <input 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 | MBR <input type="checkbox"/> Delete | TITLE | <input 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: Nancy S. Hull Treasurer Nancy S. Hull | | Date 4-26-07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Day Phone 386/328-1461 | |