


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90135 038 \*\*\*\*61.25

<b>DOCUMENT # N20520</b>					
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		4. FEI Number 59-0760225	
Zip		Country		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 <u>Kenny Downs</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>2030 Ashbrooke Lane</u>		
			City <u>Palatka</u>		FL
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 <u>Kenny Downs</u>		Signature, typed or printed name of registered agent and title if applicable.		Kenny Downs <u>4-29-08</u> DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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	MBR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANDERS, MIKE		NAME	Don Hansford	
STREET ADDRESS	2020 ASHBROOKE LN		STREET ADDRESS	126 Leyda Blvd.	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	East Palatka, Fl. 32131	
TITLE	S	<input type="checkbox"/> Delete	TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEARER, THOMAS		NAME	Ric Surino	
STREET ADDRESS	126 HERJA ACRE LANE		STREET ADDRESS	101 Rebecca Lane	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka, Fl. 32177-6346	
TITLE	PC	<input type="checkbox"/> Delete	TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORODE, JUDY B		NAME	Jody Lee	
STREET ADDRESS	PO BOX 801		STREET ADDRESS	118 Creek Rd.	
CITY-ST-ZIP	PALATKA, FL 32178		CITY-ST-ZIP	Palatka, Fl. 32177	
TITLE	MBR	<input type="checkbox"/> Delete	TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUTTLE, TOM		NAME	Sally Jan Smith	
STREET ADDRESS	144 CYPRESS POINT CIRCLE		STREET ADDRESS	501 S. 19th St.	
CITY-ST-ZIP	E PALATKA, FL 32131		CITY-ST-ZIP	Palatka, Fl. 32177	
TITLE	MBR	<input checked="" type="checkbox"/> Delete	TITLE	MBR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGE, GLADYS		NAME	Pat Wilson	
STREET ADDRESS	1505 CARR ST		STREET ADDRESS	516 River St.	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka, Fl. 32177	
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: <u>Nancy S. Hull</u>		Signature, typed or printed name of signing officer or director		Nancy S. Hull <u>4-28-08</u> <u>386/325-3810</u> Date Daytime Phone #	