

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20520

FILED
Apr 21, 2009
Secretary of State

Entity Name: ST. JAMES UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

400 REID STREET
PALATKA, FL 321773734

New Principal Place of Business:

Current Mailing Address:

400 REID STREET
PALATKA, FL 321773734

New Mailing Address:

FEI Number: 59-0760225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNS, KENNY
2020 ASHBROOKE LN
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MBR () Delete
Name: HANSFORD, DON
Address: 126 LAYDA BLVD
City-St-Zip: EAST PALATKA, FL 32131

Title: MBR () Delete
Name: SURINE, RIC
Address: 101 REBECCA LN
City-St-Zip: PALATKA, FL 321776346

Title: MBR () Delete
Name: LEE, JODY
Address: 118 CREEK RD.
City-St-Zip: PALATKA, FL 32177

Title: MBR () Delete
Name: SMITH, SALLY J
Address: 501 S. 19TH ST.
City-St-Zip: PALATKA, FL 32177

Title: MBR () Delete
Name: WILSON, PAT
Address: 516 RIVER ST
City-St-Zip: PALATKA, FL 32177

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MBR (X) Change () Addition
Name: HANSFORD, DON
Address: 126 LEYDA BLVD
City-St-Zip: EAST PALATKA, FL 32131

Title: MBR (X) Change () Addition
Name: SURINO, RIC
Address: 101 REBECCA LN
City-St-Zip: PALATKA, FL 321776346

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR (X) Change () Addition
Name: THRUMP, BOB
Address: 114 COW CREEK COURT
City-St-Zip: EAST PALATKA, FL 32131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR () Change (X) Addition
Name: TORODE, BILL
Address: P. O. BOX 801
City-St-Zip: PALATKA, FL 32178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON HANSFORD

_____ Electronic Signature of Signing Officer or Director

MBR

04/21/2009

_____ Date