

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90023 017 ****70.00

DOCUMENT # N45588

1. Entity Name

ST. JAMES PRIMITIVE BAPTIST CHURCH, INC.



Principal Place of Business
2209 CODY STREET
HOLLYWOOD FL 33020

Mailing Address
2209 CODY STREET
HOLLYWOOD FL 33020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0314491

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, APSLON D
2218 MCCOLLAN ST
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, APSLON D
STREET ADDRESS 2218 MCCOLLAN ST
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE D
NAME HOLIDAY, GEROGE G
STREET ADDRESS 2318 SIMMS STREET
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE SD
NAME FOLMAR, LEE R
STREET ADDRESS 2416 RALEIGH ST
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE D
NAME SMITH, OLDEN O
STREET ADDRESS 5300 SW 20 ST
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE ☒ Delete
NAME MONROE, SUSAN
STREET ADDRESS 3060 NW 8TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME EDWARDS, LORETTA
STREET ADDRESS 2318 SIMMS STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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:

APSLON D. JOHNSON PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/05 (954) 920-4332

Date

Daytime Phone #