


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthens Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000505 (9)**

1. Corporation Name

NEW SAINT JAMES MISSIONARY BAPTIST CHURCH HUMAN SERVICES, INC.



Principal Place of Business 135 N. RODRIGUEZ ST AUGUSTINE FL 32095 US	Mailing Address P. O. BOX 4524 ST. AUGUSTINE FL 32085
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3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

59-2849192

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TATUM, SUANDRA C
6912 CAVALIER RD
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name

JACKSON, NATHANIEL

82 Street Address (P.O. Box Number is Not Acceptable)

208 ARGONAUT ROAD

83

ST AUGUSTINE FL 32085

84

City

ST. AUGUSTINE

FL

85 Zip Code

32085

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Nathaniel Jackson
(Signature, typed or printed name of registered agent and title if applicable)

(Nathaniel JACKSON)
(NOTE: Registered Agent signature required when reinstating)

4-17-98
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	JACKSON, NATHANIEL
STREET ADDRESS	208 ARGONAUT RD
CITY - ST - ZIP	ST AUGUSTINE FL 32085
TITLE	VD <input type="checkbox"/> DELETE
NAME	TATUM, SANDRA C
STREET ADDRESS	6912 CAVALIER RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	COLEY, SHARYN S
STREET ADDRESS	179 M.L. KING AVE.
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JACKSON, NORSALUS
STREET ADDRESS	582 WILLOW WALK PL
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MOTLEY, GENE
STREET ADDRESS	18 S. WHITNEY STREET
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERSON, PATRICIA
STREET ADDRESS	17 ROLLINS AVE
CITY - ST - ZIP	ST AUGUSTINE FL 32095

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra C. Tatum
SANDRA C. TATUM

4/1/98 (904) 824-6500

CR2E037 (10/97)