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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000505

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



2. Principal Place of Business

21 **143 N. RODRIGUEZ ST.**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/30/1992

22 Suite, Apt. #, etc.

4. FEI Number

59-2849192

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

25

29 **32084** 30

9. Name and Address of Current Registered Agent

**JACKSON, NATHANIEL
208 ARGONAUT ROAD
ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent

81 Name **Sandra C. Tatum**

82 Street Address (P.O. Box Number is Not Acceptable)
6912 CAVALIER ROAD

83 **JACKSONVILLE**

84 City **Jacksonville** FL 85 Zip Code **32208**

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 **Sandra C. Tatum** (Sandra C. Tatum) **2/24/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **JACKSON, NATHANIEL**
STREET ADDRESS **208 ARGONAUT RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32085**

TITLE ☐ DELETE

NAME **TATUM, SANDRA C**
STREET ADDRESS **6912 CAVALIER RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **COLEY, SHARYN S**
STREET ADDRESS **179 M.L. KING AVE.**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ DELETE

NAME **JACKSON, NORSALUS**
STREET ADDRESS **582 WILLOW WALK PL**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ DELETE

NAME **MOTLEY, GENE**
STREET ADDRESS **18 S. WHITNEY STREET**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Sandra C. Tatum**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (904) 824-6500

CR2E037 (11/98)