

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005470

1. Entity Name

THE ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90002 041 ****61.25

Principal Place of Business

Mailing Address

1845 NW 65TH STREET
 MIAMI FL 33147

1845 NW 65TH STREET
 MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1358321

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANTON, FRED A
 111 LINCOLN ROAD MALL
 SUITE 500
 MIAMI BEACH FL 33139

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.

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **CT**
BODISON, JOHN L
 STREET ADDRESS **%1845 NW 65TH STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TT**
SPARKS, LOUIS
 STREET ADDRESS **%1845 NW 65TH STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
~~**DIXON, FRED JR**~~
 STREET ADDRESS **%1845 NW 65TH STREET**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE Change Addition
 NAME **ST**
FLOYD, ROBIN
 STREET ADDRESS **c/o 1845 N.W. 65th Street**
 CITY-ST-ZIP **Miami, FL 33147**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

John L. Bodison

SIGNATURE:

John L. Bodison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 2000

Date

305/691-4212

Daytime Phone #

CR2E037 (5/00)