

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90087 019 ****70.00

DOCUMENT # N93000005470

1. Entity Name

THE ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH

Principal Place of Business

**1845 NW 65TH STREET
 MIAMI FL 33147**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-1358321

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STANTON, FRED A
 1111 LINCOLN ROAD MALL
 SUITE 500
 MIAMI BEACH FL 33139**

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.

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**

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	CT	<input checked="" type="checkbox"/> Delete
NAME	BODISON, JOHN L	
STREET ADDRESS	%1845 NW 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SPARKS, LOUIS	
STREET ADDRESS	%1845 NW 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FLOYD, ROBIN	
STREET ADDRESS	C/O 1845 NW 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JAMES H.	
STREET ADDRESS	c/o 1845 N.W. 65th Street	
CITY-ST-ZIP	Miami, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

(305) 691-4212

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Davis

April 24, 2001

Date

Daytime Phone #

CR2E037 (10/00)