2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# N93000005470

Entity Name: THE ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF MIAMI, INC.

Current Principal Place of Business:

1845 NW 65TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1845 NW 65TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-1358321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, JAMES H
1845 NW 65TH ST
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TT ( ) Delete
Name: SPARKS, LOUIS
Address: 1845 NW 65TH STREET
City-St-Zip: MIAMI, FL 33147

Title: ST ( ) Delete
Name: FLOYD, ROBIN
Address: C/O 1845 NW 65TH STREET
City-St-Zip: MIAMI, FL 33147

Title: CT ( ) Delete
Name: DAVIS, JAMES H
Address: 1845 NW 65TH STREET
City-St-Zip: MIAMI, FL 33147

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: PLUMMER, JAMES L
Address: 2130 NW 107TH STREET
City-St-Zip: MIAMI,, FL 33167

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. DAVIS C.T 06/28/2005
Electronic Signature of Signing Officer or Director Date