

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 05, 2009  
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:**

JOHNSON, BENNY L  
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: T/T            ( ) 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/P            ( ) Delete  
Name: JOHNSON, BENNY L  
Address: 1845 NW 65TH STREET  
City-St-Zip: MIAMI, FL 33147

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LOUIS SPARKS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TT

05/05/2009

\_\_\_\_\_  
Date