

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90039 046 \*\*\*\*61.25

**DOCUMENT # N93000005470**

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



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

4. FEI Number **59-1358321**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **James H. Davis**  
Street Address (P.O. Box Number is Not Acceptable)

**1845 N.W. 65TH STREET**

City **MIAMI**

FL

Zip Code **33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James H. Davis*  
Signature, typed or printed name of registered agent and title if applicable

**3-3-03**

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 FLOYD, ROBIN**  
STREET ADDRESS **C/O 1845 NW 65TH STREET**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **CT DAVIS, JAMES H**  
STREET ADDRESS **1845 NW 65TH STREET**  
CITY-ST-ZIP **MIAMI FL 33147**

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

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.

SIGNATURE: *James H. Davis* **SIGNATURE REQUIRED**

**3-3-03**

**305 691-4212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)