

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002506 (3)

1. Corporation Name

ST. JAMES CHURCH OF GOD IN UNITY, INC.

FILED

00 APR -6 AM 8:00

SECRETARY OF STATE

REINSTATEMENT

Principal Place of Business

Mailing Address

2171 DIXIE AVENUE  
SANFORD FL 32771

2171 DIXIE AVENUE  
SANFORD FL 32771

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

2171 Dixie Ave.  
Suite, Apt. #, etc.

2171 Dixie Ave.  
Suite, Apt. #, etc.

City & State

City & State

Sanford, FL 32771

Sanford, FL 32771

Zip Country

Zip Country

32771 USA

32771 USA

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINGARD, JASPER L ELDER  
2171 DIXIE AVENUE  
SANFORD FL 32771

81 Name  
Lingard, Jasepr L., Bishop

82 Street Address (P.O. Box Number is Not Acceptable)

2171 Dixie Avenue

83 Sanford, FL 32771

84 City FL 85 Zip Code  
32771

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered  
agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE Elder, Jasper L. Lingard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-00

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LINGARD, JASPER  
STREET ADDRESS 2171 DIXIE AVENUE  
CITY-ST-ZIP SANFORD FL 32771

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  
NAME LINGARD, ELNORA  
STREET ADDRESS 2171 DIXIE AVENUE  
CITY-ST-ZIP SANFORD FL 32771

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME KEY, CAROL  
STREET ADDRESS 2171 DIXIE AVENUE  
CITY-ST-ZIP SANFORD FL 32771

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ASD  
NAME PINNOCK, GLENNIE F  
STREET ADDRESS 3134 BYINGTON TERR.  
CITY-ST-ZIP DELTONA FL 32738

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00

CR2E037 (5/98)