

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

COUNTY - 1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morburn Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N94000005888 (2)
 1. Corporation Name
JAMESTOWN CHURCH OF CHRIST, INC.

| | |
|--|--|
| Principal Place of Business 1715 28 AVE SOUTH ST PETERSBURG FL 33712 | Mailing Address 1715 28 AVE SOUTH ST PETERSBURG FL 33712 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suits, Apt #, etc 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suits, Apt #, etc 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/30/1994 | 3a. Date of Last Report |
| 4. FEI Number 59-3196144 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**BOOKER, WONDERFUL C
1715 28 AVE SOUTH
ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|---|
| TITLE | D | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOOKER, WONDERFUL C | 12 NAME | |
| STREET ADDRESS | 1715 28 AVE SOUTH | 13 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL 33712 | 14 CITY - ST - ZIP | |
| TITLE | SD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOOKER, WALTER C | 22 NAME | |
| STREET ADDRESS | 1715 28 AVE SOUTH | 23 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL 33712 | 24 CITY - ST - ZIP | |
| TITLE | TD | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUTLEDGE, GLENN | 32 NAME | |
| STREET ADDRESS | 2708 12 AVE SOUTH | 33 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL 33711 | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wonderful Booker* **4-12-95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR