

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005888

1. Corporation Name

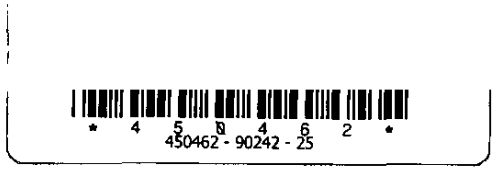
JAMESTOWN CHURCH OF CHRIST, INC.

Principal Place of Business

1715 28 AVE SOUTH
ST PETERSBURG FL 33712

Mailing Address

1715 28 AVE SOUTH
ST PETERSBURG FL 33712



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/30/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3196144	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOOKER, WONDERFUL C 1715 28 AVE SOUTH ST PETERSBURG FL 33712				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE Trustees <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOOKER, WONDERFUL C	1.2 NAME	<i>John O. Walker Jr</i>
STREET ADDRESS	1715 28 AVE SOUTH	1.3 STREET ADDRESS	<i>John O. Tilly</i>
CITY-ST-ZIP	ST PETERSBURG FL 33712	1.4 CITY-ST-ZIP	<i>H14423 Ave So St Pete 33711</i>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BOOKER, WALTER C	2.2 NAME	
STREET ADDRESS	1715 28 AVE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33712	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RUTLEDGE, GLENN	3.2 NAME	
STREET ADDRESS	2708-12 AVE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33711	3.4 CITY-ST-ZIP	
TITLE	Trustees <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<i>NORMAN WALKER JR</i>	4.2 NAME	
STREET ADDRESS	<i>1575-13th St. So.</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>St. Petersburg Fla. 33705</i>	4.4 CITY-ST-ZIP	
TITLE	Trustees <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<i>Doree Boucett</i>	5.2 NAME	
STREET ADDRESS	<i>2101 W St. So.</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<i>St. Petersburg Fla. 33705</i>	5.4 CITY-ST-ZIP	
TITLE	Trustees <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<i>Kelvin Hollis</i>	6.2 NAME	
STREET ADDRESS	<i>1421-31st St So</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<i>St. Pete FL 33712</i>	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, with all other like empowered.

SIGNATURE: Wonderful Booker DATE: 4-5-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)