

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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



450462 - 90242 - 25 2 *



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"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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

81 Name	85 Zip Code
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D	1.1 TITLE Trustees	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOKER, WONDERFUL C	1.2 NAME	John O. Walker Jr
STREET ADDRESS	1715 28 AVE SOUTH	1.3 STREET ADDRESS	John O. Walker Jr
CITY-ST-ZIP	ST PETERSBURG FL 33712	1.4 CITY-ST-ZIP	H144234650 St Pete 33711
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN WALKER JR	4.2 NAME	
STREET ADDRESS	1575-13th St. So.	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg Fla. 33705	4.4 CITY-ST-ZIP	
TITLE	Trustees	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE BOVETT	5.2 NAME	
STREET ADDRESS	2101 W St. So.	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg Fla. 33705	5.4 CITY-ST-ZIP	
TITLE	Trustees	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELVIN HOLLIS	6.2 NAME	
STREET ADDRESS	1421-31ST ST So	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL 33712	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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)