

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 14 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132006 REIN-NP CR2E099 (11/05)

DOCUMENT # N95000003338					
1. Entity Name SAINT JAMES A.M.E. CHURCH OF PAHOKEE, INC.					
Principal Place of Business 465 SO LAKE PAHOKEE, FL 33476 US			Mailing Address P.O. BOX 502 PAHOKEE, FL 33476		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0099174	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, ISAAC F REV. 2840 CORTEZ LANE DELRAY BEACH, FL 33445				Name same	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SINGLETARY, ROY 250 S LAKE AVE PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steward Singletary, Elsie L 250 S Lake Ave. Pahokee, FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAWLS, COLUMBUS 769 MCCLURE RD. PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		900081741399 11/13/06--01050--002 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBERTSON, L.C. 442 SAGO ST PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steward Robertson, Deloris 1502 Singletary Ave. Pahokee, FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLEN, GERALDINE L 123 S. FLAME AVE PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, CAROLYN 233 E. 4TH ST PAHOKEE, FL 33476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steward Carolyn Johnson 18726 46th Ct. N Loxahatchee, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trustee Johnny Worthen 3161 S E Aster Lane Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Isaac F Mitchell</i>		11/5/06		561-278-8196	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

11/14/06