

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 - No P.O. Box #

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 ☐

\$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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete
NAME SINGLETARY, ELSIE L
STREET ADDRESS 250 S LAKE AVE
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 500110871389
CITY-ST-ZIP 10/17/07--01006--009 **236.25

TITLE DT ☐ Delete
NAME RAWLS, COLUMBUS
STREET ADDRESS 769 MCCLURE RD.
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **REINSTATEMENT 2007**
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME ROBERTSON, DELORIS
STREET ADDRESS 1502 SINGLETARY AVE
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME ALLEN, GERALDINE L
STREET ADDRESS 123 S. FLAME AVE
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME JOHNSON, CAROLYN
STREET ADDRESS 18726 46 CT N.
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME WORTHEN, JOHNNY
STREET ADDRESS 3161 SE ASTER LABE
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 persons empowered.

SIGNATURE:

10/10/07

561-278-8196

07 OCT 17 AM 10:02

