

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90018 044 \*\*\*\*61.25

**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

1st MOORE

CR2E037 (10/07)

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

MITCHELL, ISAAC F REV.  
2840 CORTEZ LANE  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

MITCHELL, ISAAC F REV.

Street Address (P.O. Box Number is Not Acceptable)

2840 CORTEZ LANE

City

DELRAY BEACH

FL

Zip Code

33445

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

FEBRUARY 11, 2008

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 May 1, 2008**

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	SINGLETERY, ELSIE L	
STREET ADDRESS	250 S LAKE AVE	
CITY- ST- ZIP	PAHOKEE FL 33476	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAWLS, COLUMBUS	
STREET ADDRESS	769 MCCLURE RD.	
CITY- ST- ZIP	PAHOKEE FL 33476	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROBERTSON, DELORIS	
STREET ADDRESS	1502 SINGLETERY AVE	
CITY- ST- ZIP	PAHOKEE FL 33476	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALLEN, GERALDINE L	
STREET ADDRESS	123 S. FLAME AVE	
CITY- ST- ZIP	PAHOKEE FL 33476	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, CAROLYN	
STREET ADDRESS	18726 46 CT N.	
CITY- ST- ZIP	LOXAHATCHEE FL 33470	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WORTHEN, JOHNNY	
STREET ADDRESS	3161 SE ASTER LABE	
CITY- ST- ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

*Isaac F. Mitchell*

2/10/08

561-278-8196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County Phone #