

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N95000003340

1. Entity Name
**THE GREATER ST. JAMES MISSIONARY BAPTIST
CHURCH OF MIMS, INC.**



Principal Place of Business
**2396 HARRY T. MOORE AVE.
MIMS, FL 32754**

Mailing Address
**P.O. OFFICE BOX 527
MIMS, FL 32754**



01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-3014150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACK, JAMES
6565 CEDAR AVE
PT ST JOHN, FL 32927**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACK, JAMES
STREET ADDRESS	6565 CEDAR AVE
CITY - ST - ZIP	PT ST JOHN, FL 32927

TITLE	D
NAME	WARREN, WILLIAM O
STREET ADDRESS	2945 HOBBS PLACE
CITY - ST - ZIP	TITUSVILLE, FL 32796

TITLE	D
NAME	BROWN, WILLIAM A
STREET ADDRESS	955 NOVA TERRACE
CITY - ST - ZIP	TITUSVILLE, FL 32780

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000414062
02/11/06-80022-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/06

Date

(721) 268-8040

Daytime Phone #