2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N96000002591

Entity Name: SAINT JAMES BAPTIST CHURCH, INC.

Current Principal Place of Business:

200 MARTIN LUTHER KING DRIVE
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 352
MACCLENNY, FL 32063

New Mailing Address:

200 MARTIN LUTHER KING DRIVE
MACCLENNY, FL 32063

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, GEORGE H
200 MARTIN LUTHER KING DRIVE
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, GEORGE H PASTOR
Address: 6840 CARTIER CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD ( ) Delete
Name: WILLIAMS, L J
Address: 540 SOUTH 9TH STREET
City-St-Zip: MACCLENNY, FL 32063

Title: S ( ) Delete
Name: FARMER, ELIZABETH
Address: PO BOX 313
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: TD ( ) Delete
Name: BONES, LYNWARD
Address: PO BOX 1601 N/A
City-St-Zip: MACCLENNY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH FARMER SECY 04/28/2009

Electronic Signature of Signing Officer or Director — Date