

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002870

Entity Name

ST. JAMES AFRICAN METHODIST EPISCOPAL ZION CHURCH

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90051 042 ****70.00

Principal Place of Business	Mailing Address
NORTH BERMUDA AVENUE FL 34741	POST OFFICE BOX 421221 KISSIMMEE FL 34742-1221

00075109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		50-0530509		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JENKINS, MELVIN L JR. 2204 NO SMITH STREET KISSIMMEE FL 34744		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCCRIMON, GLORIA 609 3RD AVE KISSIMMEE FL 34741 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rita ^{TR} Redd 2520 Conifer Court Kissimmee FL 34746 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BURKE, ANNETTE 2535 BOWMER DR KISSIMMEE FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Johnny L. Johnson 2940 Pioneer Street Kissimmee FL 34741 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCGEE, WILLIE G 144 IGULA DRIVE KISSIMMEE FL 34744 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Wisdom Edward 210 Rontunda Drive Kissimmee, FL 34759 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WENDALL, PINKETT 1522 COLONY AVE KISSIMMEE FL 34744 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA MELVIN L. JENKINS 2204 NO SMITH ST Kissimmee FL 34744 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Melvin L. Jenkins* 4-20-00 (907) 933-1111

CR2E037 (9/99)