2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-31-2001 90015 045 ****61.25

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DOCUMENT # N96000002870

1. Entity Name

ST. JAMES AFRICAN METHODIST EPISCOPAL ZION CHURC

(IA)

C0074512

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ST. JAMES A.M.E. ZION Church	719 N. Bermuda Ave.
Suite, Apt. #, etc. 719 N. Bermuda Ave	Suite, Apt. #, etc. P.O. Box 421221
City & State Kissimmee, Fl.	City & State Kissimmee, Fl.
Zip / Country 34741 / U.S.A.	Zip / Country 34742-1221 / U.S.A.

4. FEI Number 50-0530509 ☐ 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
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 Rev. Melvin L. Jenkins Jr. 7-22-01
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
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR REED, RITA 2520 CONIFER COURT KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/MD REDD, Rita 2520 Conifer ct. Kissimmee, Fl. 34746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR TREASURER & V. PRES. BURKE, ANNETTE 2535 BOWMER DR KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Recording Secretary Joyce Baker 2230 Mallard Creek Crl. Kiss. Fl. 34743	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR - Member MCGEE, WILLIE G 144 IGULA DRIVE KISSIMMEE FL 34744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	McCrimmon D. - member 719 Henrietta St. Kissimmee, Fl. 34741	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR member JOHNSON, JOHNNY L 2940 PIONEER ST KISSIMMEE FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Finanial Secry. Maryse Nelson 804 Mendoza Drive Kissimmee, Fl. 34758	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR member EDWARD, WISDOM 210 RONTUNDA DR KISSIMMEE FL 34759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Financial Secretary Maryse Nelson	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: SIGNATURE REQUIRED Rita Redd 7-24-01 (407) 846-4549