

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90049 025 ****61.25

DOCUMENT # N96000002870

1. Entity Name

**ST. JAMES AFRICAN METHODIST EPISCOPAL ZION CHURCH
H, INC.** ✓

Principal Place of Business

Mailing Address

ST JAMES A.M.E. ZION CHURCH
719 N BERMUDA AVENUE
KISSIMMEE FL 34741

719 N BERMUDA AVENUE
P.O. BOX 421221
KISSIMMEE FL 34742-1221

2. Principal Place of Business

3. Mailing Address

719 N. John Young PKWY

719 N John Young PKWY P.O. Box 421221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL.

City & State

KISSIMMEE, FL.

4. FEI Number

50-0530509

Applied For

Not Applicable

Zip

34741

Country

U.S.A.

Zip

34742-1221

Country

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

Rev. MELVIN L. JENKINS

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

1624 HOODHILL CT.

City

ORLANDO

FL

Zip Code

32837

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

Rev. Melvin L. Jenkins

8-12-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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	CPMD REDD, RITA 2520 CONIFER COURT KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTVP BURKE, ANNETTE 2535 BOWMER DR KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRM MCGEE, WILLIE G 144 IGULA DRIVE KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRM JOHNSON, JOHNNY L 2940 PIONEER ST KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRM EDWARD, WISDOM 210 RONTUNDA DR KISSIMMEE FL 34759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BAKER, JOYCE 2230 MALLARD CREEK CIRCLE KISSIMMEE FL 34743	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rev. Melvin L. Jenkins*

8/7/02 407-847-3050

CR2E037 (4/02)