

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000002870

1. Entity Name  
ST. JAMES AFRICAN METHODIST EPISCOPAL ZION  
CHURCH, INC.



FILED

05 OCT 28 PM 8:44

Principal Place of Business  
719 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741

Mailing Address  
P.O. BOX 421221  
KISSIMMEE, FL 34741

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



REINSTATEMENT 2005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

TABB, CHARLES PASTOR  
719 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34941

Name *Paul Whiteurs, Pastor*

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

*719 N. John Young Pkwy*

City *Kissimmee*

FL

Zip Code  
*34741*

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

*[Handwritten signature]*

10-21-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COBT  
REDD, RITA  
2520 CONIFER COURT  
KISSIMMEE, FL 34746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*TRVP*  
*David McCrimon*  
*719 N. Henrietta Ave.*  
*Kissimmee, FL 34741* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*TRVP* *TMBR*  
*BURKE, ANNETTE*  
*2535 BOWMER DR*  
*KISSIMMEE, FL 34744* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*TRVP*  
*300061002723*  
*10/28/05--01042--009 \*\*245.00* ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TMBR  
MCGEE, WILLIE G  
144 IGULA DRIVE  
KISSIMMEE, FL 34744 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*TRVP*  
*300061002723*  
*10/28/05--01042--009 \*\*245.00* ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KIDD, BETTY  
2531 THE OAKS BLVD  
KISSIMMEE, FL 34746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*TMBR*  
*Wisdom Edwards*  
*210 Rontunde Dr.*  
*Poinciana* ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PAST  
TABB, CHARLES REV.  
719 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Pastor*  
*Paul Whiteurs*  
*719 N. John Young Pkwy*  
*Kissimmee, FL 34741* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BAKER, JOYCE  
2230 MALLARD CREEK CIRCLE  
KISSIMMEE, FL 34743 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*34746* ☐ 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:

*Rita Redd*

10-21-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #