

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002870

FILED
May 03, 2006
Secretary of State

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

Current Principal Place of Business:

719 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421221
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 50-0530509 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITEURS, PAUL PASTOR
719 N JOHN YOUNG PKWY
KISSIMMEE, FL 34741 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: COBT () Delete
Name: REDD, RITA
Address: 2520 CONIFER COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: TMBR () Delete
Name: BURKE, ANNETTE
Address: 2535 BOWMER DR
City-St-Zip: KISSIMMEE, FL 34744

Title: TMBR () Delete
Name: MCGEE, WILLIE G
Address: 144 IGULA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: KIDD, BETTY
Address: 2531 THE OAKS BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: PAST () Delete
Name: WHITEURS, PAUL REV.
Address: 719 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: BAKER, JOYCE
Address: 2230 MALLARD CREEK CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TMBR (X) Change () Addition
Name: MCCRIMON, DAVID
Address: 719 N. HENRIETTA AVE
City-St-Zip: KISSIMMEE, FL 32741

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 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: LOUELLA M. WILLIAMS

TR

05/03/2006

Electronic Signature of Signing Officer or Director

Date