


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90095 005 ****70.00

DOCUMENT # N96000002870					
1. Entity Name ST. JAMES AFRICAN METHODIST EPISCOPAL ZION CHURCH, INC.					
Principal Place of Business 719 N JOHN YOUNG PKWY KISSIMMEE, FL 34741			Mailing Address P.O. BOX 421221 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITEURS, PAUL PASTOR 719 N JOHN YOUNG PKWY KISSIMMEE, FL 34741				Name <u>Harry Jones, Pastor</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>719 N. John Young Parkway</u>	
				City <u>Kissimmee</u> FL Zip Code <u>34741</u>	
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 <u>Harry Jones</u>				DATE <u>5/6/07</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	COBT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDD, RITA			NAME	
STREET ADDRESS	2520 CONIFER COURT			STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34746			CITY-ST-ZIP	
TITLE	TMBR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, ANNETTE			NAME	
STREET ADDRESS	2535 BOWMER DR			STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744			CITY-ST-ZIP	
TITLE	TMBR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRIMON, DAVID			NAME	
STREET ADDRESS	719 N. HENRIETTA AVE			STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 32741			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDD, BETTY			NAME	
STREET ADDRESS	2531 THE OAKS BLVD			STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34746			CITY-ST-ZIP	
TITLE	PAST	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEURS, PAUL REV.			NAME	<u>Harry Jones</u>
STREET ADDRESS	719 N JOHN YOUNG PKWY			STREET ADDRESS	<u>719 N. John Young Parkway</u>
CITY-ST-ZIP	KISSIMMEE, FL 34741			CITY-ST-ZIP	<u>Kissimmee, FL 34741</u>
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JOYCE			NAME	
STREET ADDRESS	2230 MALLARD CREEK CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34743			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Harry Jones</u>				DATE <u>5/6/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

90100



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number 50-0530509 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

5/6/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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CITY-ST-ZIP	KISSIMMEE, FL 34743		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

Harry Jones Change Addition
Harry Jones
719 N. John Young Parkway
Kissimmee, FL 34741

SIGNATURE: Harry Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 5/6/07

Daytime Phone #