

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002870

FILED
Mar 08, 2010
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 ()

Name and Address of Current Registered Agent:

JONES, HARRY
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
Name: REDD, RITA
Address: 2520 CONIFER COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: CO-C
Name: BURKE, ANNETTE
Address: 2535 BOWMER DR
City-St-Zip: KISSIMMEE, FL 34744

Title: TR
Name: MCCRIMON, DAVID
Address: 719 N. HENRIETTA AVE
City-St-Zip: KISSIMMEE, FL 32741

Title: TR
Name: KIDD, ROYAL
Address: 2531 THE OAKS BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: PAST
Name: JONES, HARRY
Address: 719 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

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

I hereby 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 all other like empowered.

SIGNATURE: LOUELLA WILLIAMS

T

03/08/2010

Electronic Signature of Signing Officer or Director

Date