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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004699 (2)

1. Corporation Name

ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF  
INVERNESS, INC.

Principal Place of Business

204 N. APOPKA AVE.  
INVERNESS FL 34450

Mailing Address

P.O. BOX 1903  
INVERNESS FL 34451-1903



3. Date Incorporated or Qualified  
09/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-3010729

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, DOLORES  
204 N. APOPKA AVE.  
INVERNESS FL 34450

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Dolores Wilson, Pro-Tem - Dolores Wilson Jan. 14, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S GIBBS, YVONNE  
NAME  
STREET ADDRESS 830 CARNEGIE DR.  
CITY-ST-ZIP INVERNESS FL 34450

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D DABNEY, ARCHIE  
NAME  
STREET ADDRESS 1001 HARVEST ST.  
CITY-ST-ZIP INVERNESS FL 34450

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D DEMMINGS, EARNESTINE  
NAME  
STREET ADDRESS P.O. BOX 1181  
CITY-ST-ZIP INVERNESS FL 34450

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS - 208 Zephyr St.  
3.4 CITY-ST-ZIP

TITLE D FRANKLIN, STEVEN  
NAME  
STREET ADDRESS 200 N. APOPKA AVE.  
CITY-ST-ZIP INVERNESS FL 34450

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS - 1670 SW 2nd St  
4.4 CITY-ST-ZIP Ocala, FL 34474

TITLE D FUTCH, THOMAS  
NAME  
STREET ADDRESS 1127 MOSSY OAK DR.  
CITY-ST-ZIP INVERNESS FL 34450

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D HAIRSTON, THELMA L  
NAME  
STREET ADDRESS 200 N. APOPKA AVE.  
CITY-ST-ZIP INVERNESS FL 34450

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yvonne Gibbs Jan. 14, 97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055360

CR2E037 (9/96)

NAME THAT WAS LEFT OFF IN ERROR:

*D* Ruby D. Franklin  
823 Poplar Street  
Inverness, Florida 34450

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Register Agent's mailing & home Address:  
Delores Wilson  
420 N. Davidson Ave.  
Inverness, FL 34450-3432