

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 23 1998 8:00am
 Secretary of State

0011986

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 1803 INVERNESS FL 34451
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3. Date Incorporated or Qualified 09/11/1996	
4. FEI Number 59-3010729	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip	25. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26. Mailing Address P.O. Box 2664 Suite, Apt. #, etc. City & State Zip	27. Mailing Address P.O. Box 2664 Suite, Apt. #, etc. City & State Zip	28. Mailing Address P.O. Box 2664 Suite, Apt. #, etc. City & State Zip	29. Mailing Address P.O. Box 2664 Suite, Apt. #, etc. City & State Zip	30. Mailing Address P.O. Box 2664 Suite, Apt. #, etc. City & State Zip
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WILSON, DOLORES
204 N. APOPKA AVE.
INVERNESS FL 34450

10. Name and Address of New Registered Agent
 81 Name **Ruby D. Franklin**
 82 Street Address (P.O. Box Number is Not Acceptable)
823 Poplar St.
 83 City **Inverness** **FL** 85 Zip Code **34452**

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 617.0803, Florida Statutes.
 SIGNATURE *Ruby D. Franklin* DATE **9/14/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	S	<input type="checkbox"/> DELETE
NAME	GIBBS, YVONNE	
STREET ADDRESS	830 CARNEGIE DR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DABNEY, ARCHIE	
STREET ADDRESS	1001 HARVEST ST.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMINGS, EARNESTINE	
STREET ADDRESS	208 ZEPHYR STREET	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, STEVEN	
STREET ADDRESS	1670 SW 2ND STREET	
CITY-ST-ZIP	Ocala F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTCH, THOMAS	
STREET ADDRESS	1127 MOSSY OAK DR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAIRSTON, THELMA L	
STREET ADDRESS	200 N. APOPKA AVE.	
CITY-ST-ZIP	INVERNESS FL 34450	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHERDORIS O. LAMB	
1.3 STREET ADDRESS	918 SAWYER ST.	
1.4 CITY-ST-ZIP	INVERNESS, FL 34450	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REBECCA BROUGHTON	
2.3 STREET ADDRESS	206 ZEPHYR ST.	
2.4 CITY-ST-ZIP	INVERNESS, FL 34450	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Pherdoris O. Lamb* **PHERDORIS O. LAMB** **7-19-98** **726-1931 ext 2480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)