


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	
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	
2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 2664	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28 Inverness, FL	
Zip 24	Country 25	Zip 29 34450	Country 30 Citrus
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) 83 823 Poplar St. 84 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 <i>Ruby D. Franklin</i> 9/14/98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
TITLE S	NAME GIBBS, YVONNE	<input type="checkbox"/> DELETE	
STREET ADDRESS 830 CARNEGIE DR.	CITY-ST-ZIP INVERNESS FL 34450		
TITLE D	NAME DABNEY, ARCHIE	<input type="checkbox"/> DELETE	
STREET ADDRESS 1001 HARVEST ST.	CITY-ST-ZIP INVERNESS FL 34450		
TITLE D	NAME DEMINGS, EARNESTINE	<input type="checkbox"/> DELETE	
STREET ADDRESS 208 ZEPHYR STREET	CITY-ST-ZIP INVERNESS FL		
TITLE D	NAME FRANKLIN, STEVEN	<input type="checkbox"/> DELETE	
STREET ADDRESS 1670 SW 2ND STREET	CITY-ST-ZIP OCALA F		
TITLE D	NAME FUTCH, THOMAS	<input type="checkbox"/> DELETE	
STREET ADDRESS 1127 MOSSY OAK DR.	CITY-ST-ZIP INVERNESS FL 34450		
TITLE D	NAME HAIRSTON, THELMA L	<input type="checkbox"/> DELETE	
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	1.2 NAME PHERDORIS O. LAMB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.3 STREET ADDRESS 918 SAWYER ST.	1.4 CITY-ST-ZIP INVERNESS, FL 34450		
2.1 TITLE D	2.2 NAME REBECCA BROUGHTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.3 STREET ADDRESS 206 ZEPHYR ST.	2.4 CITY-ST-ZIP INVERNESS, FL 34450		
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 7-19-98 726-1931 ext 2480 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (5/98)