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).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600006186 (8)

ST JAMES COMMUNITY DEVELOPMENT, INC.

Aug 06 1998 8:00 am Secretary of State

**FILED** 

Principal Place of Business		Mailing Address				T TOBETHER BED COLUE BUILD BOLLY BOWN BOWN BOWN BOWN BOWN HORY HORY BUILD IN	
500 N.W. 21ST AVENUE POMPANO BEACH FL 33069		500 N.W. 21ST AVENUE POMPANO BEACH FL 33069		3. Date Incorporated or Qualified 12/02/1996			
						4. FEI Number 65-0708868	Applied For Not Applicable
2. Principal 21	2a. Mailing Address	Mailing Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Ap	t. #, etc.	Sulle, Apt. #, etc.				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & St	ate	City & State				7. Is this nonprofit corporation a homeowners a	
Zip 24	Country 25	Zip 29	30	untry		This corporation owes or has paid the currer     Personal Property Tax due June 30.	nt year Intangible Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	ent
				B1	Name .		
WILSON, BOOKER T 500 N.W. 21ST AVNUE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33069				83			
	•			84	City	Fi	85 Zip Code
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-na						ion submits this statement for the purpose of change	ng 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 Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 T	TLE			Change Addition
NAME	WILSON, BOOKER T		1.2 N				•
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE	OMPANO BEACH FL 33069		_	1.4 CITY-ST-ZIP			
NAME	PICKETT, GENEVA E	L DELETE	2.1 M			L.	Change Addition
STREET ADDRESS	2119 N.W. 2ND ST				ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069			TY-ST	ŀ		
TITLE	D	DELETE	3.1 TI			T T	Change Addition
NAME	DIGGS, WALLACE		3.2 N	AME		<u> </u>	. Crisinge Addison
8TREET ADDRESS			3.3 ST	REET.	ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CI	TY-ST-	-ZIP		
TITLE	D	DELETE	4.1 TI	TLE			Change Addition
NAME	HODGES, LOUISE		4.2 N/	ME			
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CI		ZIP		
TITLE	CHEMOTO MOSSI	DELETE	5.1 T(			,	Change Addition
NAME	SHEPPARD, MOZELL		5.2 NA			•	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	F-3 :	5.4 CI		ZIP		
,,,,,,,,	ITD	DELETE	6.1 TI	ILC.			Change Addition

14. I 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 eath; 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Backer Truls

DIGGS, SADIE

POMPANO BEACH FL

STREET ADDRESS 1151 N.W. 24 AVE.

NAME

CITY-ST-ZIP

PRESIDENT/FOUNDER 7/27/98137 (954) 9