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**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90034 029 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006186**

1. Corporation Name

**ST JAMES COMMUNITY DEVELOPMENT, INC.**

Principal Place of Business  
 500 N.W. 21ST AVENUE  
 POMPANO BEACH FL 33069

Mailing Address  
 500 N.W. 21ST AVENUE  
 POMPANO BEACH FL 33069



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/02/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0708868	Applied For
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

**WILSON, BOOKER T**  
 500 N.W. 21ST AVENUE  
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Not Acceptable)
83	City
84	State
85	Zip Code

*Some current Agent noted in here #9*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	WILSON, BOOKER T	1.2 NAME	BLACK
STREET ADDRESS	2119 N.W. 2ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	PICKETT, GENEVA E	2.2 NAME	
STREET ADDRESS	2119 N.W. 2ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	MDC; V.P.
NAME	DIGGS, WALLACE	3.2 NAME	WILSON, IRVING W.
STREET ADDRESS	1151 N.W. 24 AVE	3.3 STREET ADDRESS	1216 N.W. 7TH AVENUE
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33311-6248
TITLE	D	4.1 TITLE	
NAME	HODGES, LOUISE	4.2 NAME	
STREET ADDRESS	2210 N.W. 4TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SHEPPARD, MOZELL	5.2 NAME	
STREET ADDRESS	2151 N.W. 10TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	S
NAME	DIGGS, SADIE	6.2 NAME	JORDAN, JOANN
STREET ADDRESS	1151 N.W. 24 AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	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)(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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *Chairman, MD Founder January 26, 1999*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 463-8360 HOME (954) 231-3211 pager

CR2E037 (11/98)