

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90049 040 ****61.25

DOCUMENT # N96000006186

1. Entity Name

ST JAMES COMMUNITY DEVELOPMENT, INC.

813861



DO NOT WRITE IN THIS SPACE

Principal Place of Business 500 N.W. 21ST AVENUE POMPANO BEACH FL 33069	Mailing Address 500 N.W. 21ST AVENUE POMPANO BEACH FL 33069-2723
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0708868	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Howard, Wylie L. SR.**
 Street Address (P.O. Box Number is Not Acceptable)
500 N.W. 21ST AVE.
 City **Pompano Beach** FL Zip Code **33069**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating)

DATE: **2/10/00**

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, BOOKER T 2119 N.W. 2ND ST POMPANO BEACH FL 33069 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PICKETT, GENEVA E 2119 N.W. 2ND ST POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDCV WILSON, IRVING W 1116 NW 7TH AVE FT LAUDERDALE FL 33311-6248 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, LOUISE 2210 N.W. 4TH ST POMPANO BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, MOZELL 2151 N.W. 10TH CT POMPANO BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, JOANN 1151 N.W. 24 AVE. POMPANO BEACH FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Howard, Wylie L. Sr 6920 N.W. 44th Ct Ft. Lauderdale -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Pickett, Geneva E 2119 N.W. 2nd St Pompano Bch, Fl 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Wilson, Irving W 1116 N.W. 7th Ave. Ft. Lauderdale Fl. 33311-6248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Diggs, Wallace 1151 N.W. 2nd Ave. Pompano Fl. 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Sheppard, Mozell 2151 N.W. 10th Ct. Pompano Bch, Fl. 33069

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED** DATE: **2/10/00**