

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N96000006186

Entity Name: ST JAMES COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

2300 NW 6TH STREET
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2300 NW 6TH STREET
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0708868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, WYLIE L SR
6920 NW 44TH COURT
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, WYLIE L SR
Address: 6920 N.W 44TH CRT
City-St-Zip: LAUDERHILL, FL 33319

Title: SD () Delete
Name: DEAL, ANGELA R
Address: 2300 NW 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: HOWARD, RODNEY A
Address: 2300 NW 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: PACK, TORRANCE
Address: 2300 NW 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WYLIE L. HOWARD, SR

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date