


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005823
 1. Entity Name
ST. JAMES BAPTIST CHURCH, INC.



Principal Place of Business Mailing Address
421 SOUTH LINCOLN STREET **P.O. BOX 546**
BUSHNELL, FL 33513 **BUSHNELL, FL 33513**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP GR2E037 (10/03)

4. FEI Number 59-3461016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRITT, MERTICE
305 SOUTHLAND AVENUE
BUSHNELL, FL 33513

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRAHAM, ROBERT 308 S. PINE STREET BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEPHENS, CARL 6608C-476A BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMAS, VIRGINIA 323 W. PARKER AVENUE BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRITT, MERTICE 305 SOUTHLAND PL. BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Mertice Britt Mertice Britt 1/6/05 (352) 793-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #