

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90255 006 ****70.00

DOCUMENT # N98000001248

1. Entity Name

NEW ST. JAMES HOLY FAMILY CHURCH, INC.

Principal Place of Business

Mailing Address

**4822 SUNBEAM ROAD
 JACKSONVILLE FL 32257**

**4822 SUNBEAM ROAD
 JACKSONVILLE FL 32257-6126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2125421

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIMS, BARBARA D
 4822 SUNBEAM ROAD
 JACKSONVILLE FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
MIMS, RUDOLPN C
 STREET ADDRESS **7135 BALBOA ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BAKER, LEROY JR.
 STREET ADDRESS **9540 WALKER CIRCLE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
FRANCIS, THELMA
 STREET ADDRESS **4728 SUNBEAM ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
WALKER, HENRIETTA
 STREET ADDRESS **9576 WALKER CIRCLE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
JONES, DEBORAH
 STREET ADDRESS **12349 FLYNN ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
MIMS, BARBARA D
 STREET ADDRESS **7135 BALBOA RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara D Mims **Barbara D Mims** 4/27/2000 904-262-7474

CR2E037 (9/99)