

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000001248****1. Entity Name**
NEW ST. JAMES HOLY FAMILY CHURCH, INC.**Principal Place of Business**
4822 SUNBEAM ROAD
JACKSONVILLE FL 32257**Mailing Address**
4822 SUNBEAM ROAD
JACKSONVILLE FL 32257**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
52-2125421Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MIMS BARBARA D
4822 SUNBEAM ROAD
JACKSONVILLE FL 32257Name
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 BARBARA D. MIMS****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MIMS BARBARA D	7135 BALBOA RD	JACKSONVILLE FL 32217	<input type="checkbox"/>
D	JONES DEBORAH	12349 FLYNN ROAD	JACKSONVILLE FL 32223	<input type="checkbox"/>
D	WALKER HENRIETTA	9576 WALKER CIRCLE	JACKSONVILLE FL 32257	<input type="checkbox"/>
D	FRANCIS THELMA	4728 SUNBEAM ROAD	JACKSONVILLE FL 32257	<input type="checkbox"/>
D	BAKER LEROY JR.	9540 WALKER CIRCLE	JACKSONVILLE FL 32257	<input type="checkbox"/>
D	MIMS RUDOLPH C	7135 BALBOA ROAD	JACKSONVILLE FL 32217	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara D. Mims**

Pres 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)