

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001248

FILED
Apr 30, 2005
Secretary of State

Entity Name: NEW ST. JAMES HOLY FAMILY CHURCH, INC.

Current Principal Place of Business:

4822 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4822 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 52-2125421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIMS, BARBARA D
4822 SUNBEAM ROAD
JACKSONVILLE, FL 32257 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: D () Delete
Name: MIMS, RUDDLPN C
Address: 7135 BALBOA ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: BAKER, LEROY JR.
Address: 9540 WALKER CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: FRANCIS, THELMA
Address: 4728 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: WALKER, HENRIETTA
Address: 9576 WALKER CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: JONES, DEBORAH
Address: 12349 FLYNN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: MIMS, BARBARA D
Address: 7135 BALBOA RD
City-St-Zip: JACKSONVILLE, FL 32217

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:

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 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 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: BARBARA D. MIMS

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date