2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N98000001248

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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, RUDOLPN 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 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: BARBARA MIMS DR. 05/01/2006

Electronic Signature of Signing Officer or Director — Date