

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009932

**Entity Name:** ST JAMES METHODIST CHURCH INC.**Current Principal Place of Business:**ST JAMES METHODIST CHURCH INC  
326 SW 3RD ST.  
CHIEFLAND, FL 32626**Current Mailing Address:**ST JAMES METHODIST CHURCH INC  
C/O P.O. BOX 641  
CHIEFLAND, FL 32644**FEI Number: 77-0712872****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, WILLIE JR  
302 SW 18TH AVE  
CHIEFLAND, FL 32626 US*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

**Officer/Director Detail :**Title D  
Name JONES, JOHN C  
Address 128 SW 18TH AVE  
City-State-Zip: CHIEFLAND FL 32644Title D  
Name JONES, WILLIE JR  
Address 302 SW 18TH AVE  
City-State-Zip: CHIEFLAND FL 32626Title T  
Name JONES, AMY  
Address P.O. BOX 444  
City-State-Zip: CHIEFLAND FL 32644Title D  
Name WILLIAMS, ROBERT  
Address 1606 SW 20TH CT.  
City-State-Zip: CHIEFLAND FL 32626Title P  
Name WHITE, SAMMY L  
Address 20150 24TH PL  
City-State-Zip: WILLISTON FL 32696Title S  
Name JONES, DORIS H  
Address P.O. BOX 641  
City-State-Zip: CHIEFLAND FL 32644Title D  
Name JONES, DEVIN  
Address 128 SW 18TH AVE  
City-State-Zip: CHIEFLAND FL 32626

*I hereby 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 all other like empowered.*

**SIGNATURE: DORIS H. JONES****SECRETARY****08/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date