

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001248

Entity Name: NEW ST. JAMES HOLY FAMILY CHURCH, INC.**Current Principal Place of Business:**4822 SUNBEAM ROAD
JACKSONVILLE, FL 32257**Current Mailing Address:**4822 SUNBEAM ROAD
JACKSONVILLE, FL 32257**FEI Number:** 52-2125421**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIMS, BARBARA D
4822 SUNBEAM ROAD
JACKSONVILLE, FL 32257 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	HALYARD, MORRIS J 111
Address	4901 SUNBEAM ROAD #721
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	BAKER, LEROY JR.
Address	9540 WALKER CIRCLE
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	GADDY, DEBORAH
Address	12058 BRANDON GLENN TERR
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	WALKER, HENRIETTA
Address	9576 WALKER CIRCLE
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	JONES, DEBORAH
Address	12349 FLYNN ROAD
City-State-Zip:	JACKSONVILLE FL 32223

Title	P
Name	MIMS, BARBARA D
Address	10541 ROCKY GARDEN
City-State-Zip:	JACKSONVILLE FL 32257

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: BARBARA D. MIMS**PRESIDENT****02/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date