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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710740 (2)

1. Corporation Name
ST. PHILIP CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business: 1920 LILLIE ST. FT. MYERS FL 33901
Mailing Address: 1920 LILLIE ST. FT. MYERS FL 33916-2717

3. Date Incorporated or Qualified: 04/19/1966
3a. Date of Last Report: 04/24/1996
4. FEI Number: 60-7043665
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent

JENKINS, BARBARA A.
1425 LURA AVE
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D, NAME: CHESTER LIZZIE CONNIE, ADDRESS: 3154 DOUGLAS AVE FT. MYERS FL
12.2 TITLE: PD, NAME: MORGAN, ANNIE MAE, ADDRESS: 1913 FOUNTAIN ST. FT. MYERS FL
12.3 TITLE: D, NAME: JONES SR., ALLEN, ADDRESS: 2418 MAPLE AVENUE, #402 FT. MYERS FL
12.4 TITLE: [DELETED]
12.5 TITLE: [DELETED]
12.6 TITLE: [DELETED]

13.1 TITLE: vic, NAME: maurice Gilmore, ADDRESS: 1409 Flora Dr. Ft. Myers, Fla. 33916
13.2 TITLE: Lynda Brinkley, ADDRESS: 15246 Live Oak Ft. Myers, Fla. 33912
13.3 TITLE: M.O. Barbara Leonard, ADDRESS: 4545 Glenwood Ft. Myers, Fla. 33905
13.4 TITLE: Patrice Flaegler, ADDRESS: P.O. BOX 10045 N/A West Palm Beach, Fla. 33419

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANNIE M. MORGAN, DATE: 3/13/97, DAYTIME PHONE: 3342987

CR2E037 (9/96)