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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710740

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 33901
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/19/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 60-7043665
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 <u>Rev. William Kelly, Jr.</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>810 42nd Street</u> 83 <u>West Palm Beach, FL 33407</u> 84 City <u>FL</u> 85 Zip Code	
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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 Rev. William Kelly, Jr. DATE 5/12/99
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	CHESTER LIZZIE CONNIE 3154 DOUGLAS AVE FT. MYERS FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE PD	MORGAN, ANNIE MAE 1913 FOUNTAIN ST. FT. MYERS FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VC	GILMORE, MAURICE 1409 FLORA DRIVE FT MYERS FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	BRINKLEY, LYNDA 1546 LIVE OAK FORT MYERS FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE MD	LEONARD, BARBARA 4545 COLENWOOD FORT MYERS FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE S	FLAGLER, PATRICE POST OFFICE BOX 10043 N/A WEST PALM BEACH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

SIGNATURE: Rev. William Kelly, Jr. DATE: 5/24/99 DAYTIME PHONE: (561) 714-4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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