

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710740

FILED
Feb 21, 2005
Secretary of State

Entity Name: ST. PHILIP CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

1920 LILLIE ST.
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

1920 LILLIE ST.
FT. MYERS, FL 33916

New Mailing Address:

FEI Number: 60-7043665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, WILLIAM REV.
810 42ND ST.
WEST PALM BEACH, FL 33407 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: PD () Delete
Name: KELLY, WILLIAM REV
Address: 810 42 ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CEO () Delete
Name: KELLY, WILLIAM REV
Address: 810 42 ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S () Delete
Name: JENKINS, BARBARA REV
Address: 1425 LURA AVE
City-St-Zip: FT MYERS, FL 33916

Title: VPD () Delete
Name: GILMORE, MAURICE REV
Address: 2181 BRADEN ST
City-St-Zip: FORT MYERS, FL 33916

Title: T () Delete
Name: LEONARD, BARBARA
Address: 816 VAN BUREN ST
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: CHESTER, CONNIE L
Address: 3154 DOUGLAS AVE
City-St-Zip: FT MYERS, FL 33916

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
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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 Section 119.07(3)(i), 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: REV. WILLIAM KELLY, JR.

CEO

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date