


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90023 007 ****61.25

DOCUMENT # 710740 1. Entity Name ST. PHILIP CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.			
Principal Place of Business 1920 LILLIE ST. FT. MYERS FL 33916		Mailing Address 1920 LILLIE ST. FT. MYERS FL 33916	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 60-7043665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, WILLIAM REV. 810 42ND ST. WEST PALM BEACH FL 33407		7. Name and Address of New Registered Agent Name Rev. Charles Calloway Street Address (P.O. Box Number is Not Acceptable) 1729 34th Street City Sarasota, FL Zip Code 34234	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Charles E Calloway DATE 2/19/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input checked="" type="checkbox"/> Delete NAME KELLY, WILLIAM REV STREET ADDRESS 810 42 ST CITY-ST-ZIP WEST PALM BEACH FL 33407	TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Calloway, Charles Rev. STREET ADDRESS 1729 34th St CITY-ST-ZIP Sarasota, FL 34234		
TITLE CEO <input checked="" type="checkbox"/> Delete NAME KELLY, WILLIAM REV STREET ADDRESS 810 42 ST CITY-ST-ZIP WEST PALM BEACH FL 33407	TITLE CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Calloway, Charles Rev. STREET ADDRESS 1729 34th Street CITY-ST-ZIP Sarasota, FL 34234		
TITLE S <input type="checkbox"/> Delete NAME JENKINS, BARBARA REV STREET ADDRESS 1425 LURA AVE CITY-ST-ZIP FT MYERS FL 33916	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VPD <input checked="" type="checkbox"/> Delete NAME GILMORE, MAURICE REV STREET ADDRESS 2181 BRADEN ST CITY-ST-ZIP FORT MYERS FL 33916	TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Knight, Dale Bob. STREET ADDRESS 3612 Pine Oak Cir #104 CITY-ST-ZIP Fort Myers, Fla. 33916		
TITLE T <input type="checkbox"/> Delete NAME LEONARD, BARBARA STREET ADDRESS 816 VAN BUREN ST CITY-ST-ZIP FORT MYERS FL 33916	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME CHESTER, CONNIE L STREET ADDRESS 3154 DOUGLAS AVE CITY-ST-ZIP FT MYERS FL 33916	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Christian, Louise STREET ADDRESS 522 Michigan Ave CITY-ST-ZIP Fort Myers, Fla 33916		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Charles E Calloway		Date 2/19/06 941388-6436	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	