

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90188 017 \*\*\*\*61.25

**DOCUMENT # 710740**

1. Entity Name

ST. PHILIP CHRISTIAN METHODIST EPISCOPAL  
CHURCH, INC.



Principal Place of Business

Mailing Address

1920 LILLIE ST.  
FT. MYERS FL 33916

1920 LILLIE ST.  
FT. MYERS FL 33916



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1920 Lillie St.

City & State

City & State

FT. MYERS, FLA

Zip

Country

Zip

Country

33916 USA

1st MOORE

CR2E037 (10/06)

4. FEI Number

60-7043665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

CALLOWAY, CHARLES REV  
1729 34TH ST  
SARASOTA FL 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 Calloway*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME CALLOWAY, CHARLES REV  
STREET ADDRESS 1729 34TH ST  
CITY-STATE-ZIP SARASOTA FL 34234

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE CEO ☐ Delete  
NAME CALLOWAY, CHARLES REV  
STREET ADDRESS 1729 34TH ST  
CITY-STATE-ZIP SARASOTA FL 34234

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE S ☐ Delete  
NAME JENKINS, BARBARA REV  
STREET ADDRESS 1425 LURA AVE  
CITY-STATE-ZIP FT MYERS FL 33916

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE VPD ☐ Delete  
NAME KNIGHT, DALE BRO  
STREET ADDRESS 3613 PINE OAK CIR 104  
CITY-STATE-ZIP FORT MYERS FL 33916

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE T ☐ Delete  
NAME LEONARD, BARBARA  
STREET ADDRESS 816 VAN BUREN ST  
CITY-STATE-ZIP FORT MYERS FL 33916

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE T ☐ Delete  
NAME CHRISTIAN, LOUISE  
STREET ADDRESS 522 MICHIGAN AVE  
CITY-STATE-ZIP FORT MYERS FL 33916

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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 Calloway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07 358-6436

Date

Daytime Phone #