


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 710740</b> 1. Entity Name <b>ST. PHILIP CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.</b>		
Principal Place of Business <b>ST PHILLIP CIME CH 1920 LILLIE ST FT. MYERS FL 33916</b>	Mailing Address <b>1920 LILLIE ST. FT. MYERS FL 33916</b>	



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>60-7043665</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  <b>CALLOWAY, CHARLES REV 1729 34TH ST SARASOTA FL 34234</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is NOT Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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* Charles Calloway 3  
Signature (Typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-appointing) DATE

<b>FILE NOW - FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD CALLOWAY, CHARLES REV 1729 34TH ST SARASOTA FL 34234	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CEO CALLOWAY, CHARLES REV 1729 34TH ST SARASOTA FL 34234	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S JENKINS, BARBARA REV 1425 LURA AVE FT MYERS FL 33916	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD KNIGHT, DALE BRO 3613 PINE OAK CIR 104 FORT MYERS FL 33916	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T LEONARD, BARBARA 816 VAN BUREN ST FORT MYERS FL 33916	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T CHRISTIAN, LOUISE 522 MIGHIGAN AVE FORT MYERS FL 33916	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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05/27/08-80067-012 61.25

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*