

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710740

FILED
Apr 18, 2011
Secretary of State

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

Current Principal Place of Business:

ST PHILLIP CME CH
1920 LILLIE ST
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

ST PHILLIP CME CH
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 (X)**

Name and Address of Current Registered Agent:

GILMORE, MAURICE E REV
1920 LILLIE ST
FT. MYERS, FL 33916 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
Name: GILMORE, MAURICE E REV
Address: 1920 LILLIE ST
City-St-Zip: FT. MYERS, FL 33916

Title: CEO
Name: GILMORE, MAURICE REV
Address: 1920 LILLIE ST
City-St-Zip: FT. MYERS, FL 33916

Title: T
Name: CHRISTIAN, LOUISE
Address: 522 MICHIGAN AVE
City-St-Zip: FT MYERS, FL 33916

Title: VPD
Name: KNIGHT, DALE BRO
Address: 3613 PINE OAK CIR 104
City-St-Zip: FORT MYERS, FL 33916

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

I hereby 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 all other like empowered.

SIGNATURE: REV. MAURICE E. GILMORE

PAST

04/18/2011

Electronic Signature of Signing Officer or Director

Date