

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710740

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

ST. PHILLIP CME CHURCH  
1920 LILLIE ST  
FT. MYERS, FL 33916 US

**FEI Number:** 60-7043665

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

O'NEAL, NICHOLAS T PASTOR  
1920 LILLIE ST  
FT. MYERS, FL 33916 US

*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:** NICHOLAS T O'NEAL

05/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name ANDERSON, ALICIA L REV.  
Address ST. PHILLIP CME CHURCH  
1920 LILLIE ST  
City-State-Zip: FT. MYERS FL 33916

Title DIRECTOR  
Name LEONARD, BARBARA  
Address 1920 LILLIE STREET  
City-State-Zip: FORT MYERS FL 33916

Title DIRECTOR  
Name JACKSON, DEBRA  
Address 1920 LILLIE STREET  
City-State-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:** ALICIA ANDERSON

PASTOR

05/08/2020

Electronic Signature of Signing Officer/Director Detail

Date