

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710740

FILED
Feb 04, 2016
Secretary of State
CC9307653232

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

Current Mailing Address:

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

FEI Number: 60-7043665

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILMORE, MAURICE E 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: REV. MAURICE E. GILMORE

02/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name GILMORE, MAURICE EREV
Address 1920 LILLIE ST
City-State-Zip: FT. MYERS FL 33916

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

Title STEWARD
Name TAYLOR , LORETTA
Address ST PHILLIP CME CH
1920 LILLIE ST
City-State-Zip: FT. MYERS FL 33916

Title STEWARD
Name LEWIS, HAROLDEAN
Address ST PHILLIP CME CH
1920 LILLIE ST
City-State-Zip: FT. MYERS FL 33916

Title T
Name LEONARD, BARBARA
Address 816 VAN BUREN ST
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: MAURICE E. GILMORE

PASTOR

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date