

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007620

**Entity Name:** GRAY'S TEMPLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

**FILED**  
**Apr 28, 2019**  
**Secretary of State**  
**5922672141CC**

**Current Principal Place of Business:**

523 18TH STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

523 18TH STREET  
WEST PALM BEACH, FL 33407 US

**FEI Number: 01-0777320**

**Certificate of Status Desired: No**

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

DARVILLE, ERROL  
523 18TH STREET  
WEST PALM BEACH, FL 33407 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ROBERTS, CARMEN  
Address 721 SOUTH PINE STREET  
APT. A  
City-State-Zip: LAKEWORTH FL 33460

Title P  
Name DARVILLE, ERROL  
Address 306 ONTARIO PL  
City-State-Zip: WEST PALM BEACH FL 33409

Title V  
Name HAMILTON, ROBERT  
Address 838 30 ST  
City-State-Zip: W PALM BEACH FL 33407

Title S  
Name GLASS, SARAH  
Address 3904 SHELLEY RD SOUTH  
City-State-Zip: W PALM BEACH FL 33407

Title T  
Name JACKSON, MERCEDES  
Address 1344 MEADOW BROOK DR  
City-State-Zip: W PALM BEACH FL 33417

*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: ERROL DARVILLE**

**PASTOR**

**04/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date