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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764022 (0)

1. Corporation Name
ROBINSON CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH OF FT. MYERS, FLORIDA, INC.



Principal Place of Business 1709 PALMETTO AVENUE FT. MYERS FL 33916	Mailing Address PO BOX 7733 FT MYERS FL 33911-7733
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3. Date Incorporated or Qualified 07/02/1982
4. FEI Number 59-6553124
Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 1721 Palmetto Avenue Suite, Apt. #, etc. City & State 23 Ft. Myers, Florida Zip Country 24 33916 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Zip Country 29 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
CUMMINGS, FRANK C
40 EAST STATE STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMMS, KELVIN L. REV.		1.2 NAME	
STREET ADDRESS 2805 THOMAS STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33916		1.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMMS, JUANITA D MRS.		2.2 NAME	
STREET ADDRESS 2803 THOMAS STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33916		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES, ANNIE		3.2 NAME	
STREET ADDRESS 3641 HIGHLAND AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33916		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMMS, NANCY E MRS.		4.2 NAME	
STREET ADDRESS 3130 ST. CHARLES AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33916		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICHOLLS, JEWELL		5.2 NAME	
STREET ADDRESS 1829 LILLIE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33916		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, SILAS S		6.2 NAME	
STREET ADDRESS 17 CASTLEBAR CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33905		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Kelvin L. Simms* **Rev. Kelvin L. Simms 02/23/98 941-849-8880**

CP2E037 (10/97)