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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

Mailing Address

**1709 PALMETTO AVENUE
FT. MYERS FL 33916**

**PO BOX 7733
FT MYERS FL 33911-7733**

3. Date Incorporated or Qualified

07/02/1982

4. FEI Number

59-6553124

Applied For

Not Applicable

2. Principal Place of Business

21 1721 Palmetto Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Ft. Myers, Florida

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUMMINGS, FRANK C
40 EAST STATE STREET
JACKSONVILLE FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **SIMMS, KELVIN L. REV.**
STREET ADDRESS **2805 THOMAS STREET**
CITY - ST - ZIP **FT. MYERS FL 33916**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DS** ☐ DELETE
NAME **SIMMS, JUANITA D MRS.**
STREET ADDRESS **2803 THOMAS STREET**
CITY - ST - ZIP **FT. MYERS FL 33916**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **JAMES, ANNIE**
STREET ADDRESS **3641 HIGHLAND AVENUE**
CITY - ST - ZIP **FT. MYERS FL 33916**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **SIMMS, NANCY E MRS.**
STREET ADDRESS **3130 ST. CHARLES AVENUE**
CITY - ST - ZIP **FT. MYERS FL 33916**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **NICHOLLS, JEWELL**
STREET ADDRESS **1829 LILLIE STREET**
CITY - ST - ZIP **FT. MYERS FL 33916**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **HARRIS, SILAS S**
STREET ADDRESS **17 CASTLEBAR CIRCLE**
CITY - ST - ZIP **FT. MYERS FL 33905**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)