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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764022

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

Principal Place of Business
1721 PALMETTO AVE
FT. MYERS FL 33916
US

Mailing Address
PO BOX 7733
FT MYERS FL 33911-7733

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
07/02/1982

4. FEI Number
59-6553124
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☒ DELETE	1.1 TITLE	Pastor ☒ Change ☒ Addition
NAME	SIMMS, KELVIN L REV.	1.2 NAME	Rev. Geraldine Miller
STREET ADDRESS	2805 THOMAS STREET	1.3 STREET ADDRESS	P. O. Box 941
CITY-ST-ZIP	FT. MYERS FL 33916	1.4 CITY-ST-ZIP	Immokalee FL 34143
TITLE	DS ☒ DELETE	2.1 TITLE	Trustee ☐ Change ☒ Addition
NAME	SIMMS, JUANITA D MRS.	2.2 NAME	Mrs. Nettie V. Williams
STREET ADDRESS	2803 THOMAS STREET	2.3 STREET ADDRESS	1675 Marsh Ave, Apt B
CITY-ST-ZIP	FT. MYERS FL 33916	2.4 CITY-ST-ZIP	Fort Myers FL 33905-4511
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ 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 ☐ DELETE	4.1 TITLE	☐ Change ☐ 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 ☐ DELETE	5.1 TITLE	☐ Change ☐ 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 ☒ DELETE	6.1 TITLE	☐ Change ☐ 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	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5-16-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Simms Date Daytime Phone #

Nancy E. Simms 05-27-99