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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003094 (8)

1. Corporation Name

CALVARY AFRICAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business

Mailing Address

209 SOUTH WEST 2ND TERRACE  
CAPE CORAL FL 33991POST OFFICE BOX 150700  
CAPE CORAL FL 33915-07003. Date Incorporated or Qualified  
06/28/19953a. Date of Last Report  
02/28/19964. FEI Number  
65-0482749Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1031 NE PINE ISLAND RD

26

Suite, Apt. #, etc.

(Suite) Apt. #, etc.

22 7

27

City &amp; State

City &amp; State

23 CAPE CORAL

28

Zip

Zip

24 33990

Country

25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, CHARLES REV.  
913 S.W. 52ND ST.  
CAPE CORAL FL 33991

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

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 P ☐ DELETE  
NAME WALKER, CHARLES REV  
STREET ADDRESS 913 SW. 52ND ST.  
CITY-ST-ZIP CAPE CORAL FL 339141.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME MENAGER, EMMANUEL  
STREET ADDRESS 629 SW. 21ST TERRACE  
CITY-ST-ZIP CAPE CORAL FL 339912.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME ACKORD, RONALD  
STREET ADDRESS 1921 SE 8TH ST.  
CITY-ST-ZIP CAPE CORAL FL 339903.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME ACKORD, MARIE  
STREET ADDRESS 1921 SE ST.  
CITY-ST-ZIP CAPE CORAL FL 339914.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE T ☒ DELETE  
NAME MANGER, JUDY  
STREET ADDRESS 629 SW 21ST TER.  
CITY-ST-ZIP CAPE CORAL FL 339915.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/97

941-945-3224

Date

Daytime Phone # 0056796

CR2E037 (9/96)