

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90085 041 ****61.25

DOCUMENT # N95000003094

1. Corporation Name

CALVARY AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Principal Place of Business

1031 NE PINE ISLAND RD
#7
CAPE CORAL FL 33990
US

Mailing Address

POST OFFICE BOX 150700
CAPE CORAL FL 33915-0700



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1031 NE PINE ISLAND RD	06/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	#7	65-0482749	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	CAPE CORAL FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29	33990	30	
Country		Country			
25		30	US		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, CHARLES REV	1.2 NAME	
STREET ADDRESS	913 SW. 52ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENAGER, EMMANUEL	2.2 NAME	
STREET ADDRESS	629 SW. 21ST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33991	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKORD, RONALD	3.2 NAME	
STREET ADDRESS	1921 SE 8TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKORD, MARIE	4.2 NAME	T/S EVELYN WALKER
STREET ADDRESS	1921 SE ST.	4.3 STREET ADDRESS	913 SW 52ND ST
CITY-ST-ZIP	CAPE CORAL FL 33991	4.4 CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99

CR2E037 (11/98)