

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003094

1. Entity Name

CALVARY AFRICAN METHODIST EPISCOPAL CHURCH, INC.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90016 031 *****61.25

Principal Place of Business

1031 NE PINE ISLAND RD
#7
CAPE CORAL FL 33909
US

Mailing Address

1031 NE PINE ISLAND RD
#7
CAPE CORAL FL 33909
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0482749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Rev. Charles Walker Pastor
Street Address (P.O. Box Number is Not Acceptable)
1107 Rose Ave.
H. Myer Fla. 33916
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rev. Charles Walker Pastor

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

(NOTE: Registered Agent signature required when reinstating)

2/7/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WALKER, CHARLES REV
STREET ADDRESS 913 SW. 52ND ST.
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE T ☐ Delete
NAME MENAGER, EMMANUEL
STREET ADDRESS 629 SW. 21ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE D ☐ Delete
NAME ACKORD, RONALD
STREET ADDRESS 1921 SE 8TH ST.
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE TS ☐ Delete
NAME WALKER, EVELYN
STREET ADDRESS 913 SW 52ND ST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Walker Evelyn
STREET ADDRESS 1107 Rose Ave.
CITY-ST-ZIP H. Myer Fla 33916

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Charles Walker Pastor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01 941-694-3287

Date Daytime Phone #

CR2E037 (10/00)