

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003094

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: CALVARY AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0482749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, CHARLES REV.
1107 ROSE AVE.
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

MENAGER, EMMANUEL REV.
629 SW 21ST TERRACE
CAPE CORAL, FL 33991 US

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. EMMANUEL B. MENAGER

04/27/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, CHARLES REV
Address: 913 SW. 52ND ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: T () Delete
Name: MENAGER, EMMANUAEL
Address: 629 SW. 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: ACKORD, RONALD
Address: 1921 SE 8TH ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: TS () Delete
Name: WALKER, EVELYN
Address: 1107 ROSE AVE.
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEMON, F. BERNARD REV
Address: P.O. BOX 88037
City-St-Zip: PORT ST LUCIE, FL 34988

Title: T (X) Change () Addition
Name: MENAGER, EMMANUEL REV
Address: 629 SW. 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33991

Title: D (X) Change () Addition
Name: ACKORD, RONALD REV
Address: 1921 SE 8TH ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: TS (X) Change () Addition
Name: MENAGER, IRVING J
Address: 629 SW 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. EMMANUEL MENAGER

T

04/27/2002

Electronic Signature of Signing Officer or Director

Date