

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003094

FILED
Feb 20, 2004
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:**MENAGER, EMMANUEL REV.
629 SW 21ST TERRACE
CAPE CORAL, FL 33991 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MENAGER, EMMANUEL REV.
Address: 629 SW 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33991**Title:** T () Delete
Name: CUNNINGHAM, AL
Address: 146 SE 26TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904**Title:** D () Delete
Name: ACKORD, RONALD REV
Address: 1921 SE 8TH ST.
City-St-Zip: CAPE CORAL, FL 33990**Title:** T (X) Delete
Name: ACKORD, RONALD REV
Address: 1921 SE 8TH ST.
City-St-Zip: CAPE CORAL, FL 33990**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MENAGER, EMMANUEL REV.
Address: 629 SW 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33991**Title:** SD (X) Change () Addition
Name: CUNNINGHAM, AL
Address: 146 SE 26TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904**Title:** TD (X) Change () Addition
Name: DESHIELD, GERALD
Address: 146 SE 26TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: EMMANUEL B MENAGER

PD

02/20/2004

Electronic Signature of Signing Officer or Director

Date