

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90156 036 \*\*\*\*61.25

DOCUMENT # **N95000003094**



1. Entity Name

**CALVARY AFRICAN METHODIST  
EPISCOPAL CHURCH, INC**

**DO NOT WRITE IN THIS SPACE**

**500Q9289**

2. Principal Place of Business

**1031 NE PINE ISLAND**

3. Mailing Address

Suite, Apt. #, etc.

**CAPE CORAL, FL**

Suite, Apt. #, etc.

**STATE**

City & State

City & State

4. FEI Number

**65-0629562**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**REV. EMMANUEL MENAGOR**

Street Address (P.O. Box Number is Not Acceptable)

**629 SW 21ST TERRACE**

**CAPE CORAL**

City

**FL**

Zip Code

**33991**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended AR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P EMMANUEL MENAGOR 629 SW 21ST TERRACE CAPE CORAL FL 33991</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IRVING J. MENAGOR (S) 629 SW 21ST TERRACE CAPE CORAL FL 33991</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GERALD DESHIELA 146 SE 26TH TERRACE CAPE CORAL FL 33914</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Emmanuel Menagor**

**EMMANUEL MENAGOR**

**4/1/06 941-870-5743**