

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003094

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** CALVARY AFRICAN METHODIST EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0629562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASHINGTON, DORINDA REV.  
1031 PINE ISLAND RD, STE 7  
CAPE CORAL, FL 33909 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  
Name: WASHINGTON, DORINDA A  
Address: 2420 RIO DE JANEIRO AVENUE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: S  
Name: DESHIELD, JOSEPHINE  
Address: 146 SE 26TH TERR  
City-St-Zip: CAPE CORAL, FL 33914

Title: T  
Name: DESHIELD, GERALD  
Address: 146 SE 26TH TERR  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: DORINDA A. WASHINGTON

REV.

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date