

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # N95000004793

1. Entity Name
**CARTER TEMPLE CHRISTIAN METHODIST EPISCOPAL
CHURCH, INC.**



Principal Place of Business
**540 11TH AVE. WEST
BRADENTON, FL 34205**

Mailing Address
**540 11TH AVE. WEST
BRADENTON, FL 34205**



01202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0202764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JONES, GAYLE
1107-14TH ST E
PALMETTO, FL 34221**

**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 *Gayle Jones* *Gayle Jones* *2/7/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ISIAH 5803 13TH ST. E. BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL, FRANCES 1486 16TH STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDUFFIE, MARTHA 504 27TH AVE. W. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, PATRICK 1540 21ST ST. E., APT. E40 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, GERALDINE 540 11TH AVE W. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000634271
02/22/07-80003-004 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 *(941) 948-5313*
Date Daytime Phone #