

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705919

**Entity Name:** CARTER TABERNACLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.**FILED**  
**Apr 19, 2018**  
**Secretary of State**  
**CC1735379966****Current Principal Place of Business:**1 SOUTH COTTAGE HILL RD.  
ORLANDO, FL 32805**Current Mailing Address:**1 SOUTH COTTAGE HILL RD.  
ORLANDO, FL 32805**FEI Number: 59-3020418****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PICKETT, JOSEPH  
3737 W. JEFFERSON ST.  
ORLANDO, FL 32805 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: JOSEPH PICKETT

04/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                       |
|-----------------|----------------------|-----------------|-----------------------|
| Title           | PD                   | Title           | TD, TREASURER         |
| Name            | MORRIS, JAMES T. DR. | Name            | WYNN, CHERYL          |
| Address         | 12832 HOLDENBURY LN  | Address         | 3219 GULFSTREAM ROAD  |
| City-State-Zip: | WINDERMERE FL 34786  | City-State-Zip: | ORLANDO FL 32805      |
| Title           | SD                   | Title           | OFFICER               |
| Name            | SETTLES, RUTH        | Name            | HENRY, WILLIAM        |
| Address         | 1801 PATTERSON AVE.  | Address         | 883 BAY BRIDGE CIRCLE |
| City-State-Zip: | ORLANDO FL 32811     | City-State-Zip: | APOPKA FL 32703       |
| Title           | O/D                  |                 |                       |
| Name            | FRITH, LENITA C      |                 |                       |
| Address         | 505 CASA MARINA PL   |                 |                       |
| City-State-Zip: | SANFORD FL 32771     |                 |                       |

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: RUTH SETTLES

SD

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date