

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011219

**Entity Name:** CHARLESTOWN METHODIST CHURCH, INC.

**Current Principal Place of Business:**

2175 NW 77TH WAY SUITE 102  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

2175 NW 77TH WAY SUITE 102  
PEMBROKE PINES, FL 33024

**FEI Number:** 83-2332531

**Certificate of Status Desired:** No

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

ABSOLUTE ACCOUNTING AND BUSINESS SOLUTIONS  
4801 S UNIVERSITY DRIVE, SUITE 219  
DAVIE, FL 33328 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name GLASGOW, TELBERT  
Address 2298 NW 78TH AVE, APT 102  
City-State-Zip: PEMBROKE PINES FL 33024

Title D  
Name CAINES, RICARDO V  
Address JESSUPS VILLAGE ST. THOMAS  
PARISH  
City-State-Zip: NEVIS, WEST INDIES AL

Title D  
Name ANSLYN, GLORIA  
Address BRAZIER'S ESTATE ST. THOMAS  
PARISH  
City-State-Zip: NEVIS, WEST INDIES AL

Title D  
Name BYRON, BONNY  
Address RAMSBURY CHARLESTOWN  
City-State-Zip: NEVIS, WEST INDIES AL

Title D  
Name MERCHANT, CAMELITA  
Address HICKMAN'S ROAD GINGERLAND  
City-State-Zip: NEVIS, WEST INDIES AL

*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:** TELBERT GLASGOW

**DIRECTOR**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date