

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 700376 (7)  
1. Corporation Name  
ST. MARY'S WESLEYAN METHODIST CHURCH, INC.

FILED  
97 OCT 15 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
% LANGSTON O. LONGLEY 4798 N W 8 AVE MIAMI FL 33127 US  
% LANGSTON O. LONGLEY 1875 NW 172ND TERRACE MIAMI FL 33056-4833 US

3. Date Incorporated or Qualified 01/29/1960  
3a. Date of Last Report 08/22/1996  
4. FEI Number 05-0037178 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 21 22 23 24  
2a. Mailing Address 25 26 27 28 29 30  
Suite, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent  
FERGUSON HAROLD  
2931 N.W. 49TH ST.  
MIAMI FL 33142

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 500002323095--1  
-10/17/97--01071--002  
84 City \*\*\*\*\*70.00 \*\*\*\*\*70.00 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE
NAME	WARD, WILLIAM B.	1.2 NAME
STREET ADDRESS	944 N.W. 51ST STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP
TITLE	S	2.1 TITLE
NAME	MCCRAY, ADELE	2.2 NAME
STREET ADDRESS	1316 NW 75TH TERRACE	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	T	3.1 TITLE
NAME	FERGUSON, HAROLD	3.2 NAME
STREET ADDRESS	2931 N.W. 49TH STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33142	3.4 CITY-ST-ZIP
TITLE	VT	4.1 TITLE
NAME	HUNTER, GLADSTONE	4.2 NAME
STREET ADDRESS	4100 NW 11 CT	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP
TITLE	T	5.1 TITLE
NAME	RUSH SHARAVEEN	5.2 NAME
STREET ADDRESS	470 N.W. 139TH ST.	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33168	5.4 CITY-ST-ZIP
TITLE	CD	6.1 TITLE
NAME	LONGLEY, LANGSTON O.	6.2 NAME
STREET ADDRESS	1875 N.W. 172ND TERRACE	6.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33056	6.4 CITY-ST-ZIP

1.1 TITLE	HARRIS, YVONNE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	9960 N.W. 11th Street	
1.3 STREET ADDRESS	Plantation, Fl. 33322	
1.4 CITY-ST-ZIP		
2.1 TITLE	HARRIS, WRIGHT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	9960 N.W. 11th Street	
2.3 STREET ADDRESS	Plantation, Fl. 33322	
2.4 CITY-ST-ZIP		
3.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HUNTER GLADSTONE, Jr.	
3.3 STREET ADDRESS	4100 N.W. 11th Court	
3.4 CITY-ST-ZIP	Miami Fl.	
4.1 TITLE	HUNTER, LARRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1261 N.W. 173rd Terrace	
4.3 STREET ADDRESS	Miami, Fl. 330169	
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LETICIA, HANNAH	
5.3 STREET ADDRESS	20421 N.W. 20th Avenue	
5.4 CITY-ST-ZIP	Miami, Fl. 330169	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Langston O. Longley* LANGSTON O LONGLEY 4 57-97 (305) 981-9500

CR2E037 (9/96)