

5-8-98 B 6922 C
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FILED
 May 08 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700376 (7)
 Corporation Name
ST. MARY'S WESLEYAN METHODIST CHURCH, INC.



Principal Place of Business		Mailing Address	
1. LANGSTON O. LONGLEY 4798 N W 8 AVE MIAMI FL 33127 US		1. LANGSTON O. LONGLEY 1875 NW 172ND TERRACE MIAMI FL 33056 US	
2. Principal Place of Business	2a. Mailing Address		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
23. City & State	28. City & State		
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified	01/29/1960
4. FEI Number	05-0037178
Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, WILLIAM B.	
STREET ADDRESS	944 N.W. 51ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HANNAH, LETICIA	
STREET ADDRESS	20421 NW 20TH AVE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FERGUSON, HAROLD	
STREET ADDRESS	2931 N.W. 49TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HUNTER, GLADSTONE	
STREET ADDRESS	4100 NW 11 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUSH SHARAVEEN	
STREET ADDRESS	470 N.W. 139TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LONGLEY, LANGSTON O.	
STREET ADDRESS	1875 N.W. 172ND TERRACE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TR. LARRY HUNTER	
1.3 STREET ADDRESS	1261 N.W. 173RD AVE.	
1.4 CITY-ST-ZIP	MIAMI FL. 33056	
2.1 TITLE	TR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRIS WRIGHT	
2.3 STREET ADDRESS	9960 N.W. 11TH ST	
2.4 CITY-ST-ZIP	PLANTATION, FL. 33322	
3.1 TITLE	T. HARRIS LYDANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	9960 N.W. 11TH ST	
3.4 CITY-ST-ZIP	PLANTATION, FL. 33322	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: _____ DATE: 4-25-98

CR2E037 (10/97)