

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-7-90 b-919 C

DOCUMENT # 707961 (9)

1. Corporation Name

EBENEZER WESLEYAN METHODIST CHURCH, INC.



Principal Place of Business: 201 S.W. 6TH AVE. DELRAY BEACH FL 33444-2537  
Mailing Address: 201 S.W. 6TH AVE. DELRAY BEACH FL 33444-2537

3. Date Incorporated or Qualified: 10/21/1974  
3a. Date of Last Report: 02/22/1995  
4. FEI Number: 59-2544866  
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 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: HOWARD, ROBERT L. 580 N.W. 4TH STREET DELRAY BEACH FL 33444  
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: BROWN, WITHLEAN STREET ADDRESS: 812 SW 3RD ST. CITY-ST-ZIP: DELRAY BEACH FL	1.1 TITLE: SD	1.2 NAME: Veta spells 1.3 STREET ADDRESS: 5311 Woodland Dr. 1.4 CITY-ST-ZIP: Delray Beach, Florida 33484
TITLE: VP	NAME: ROKER, MARLENA STREET ADDRESS: 802 N.E. SECOND CT. CITY-ST-ZIP: BONYTON BEACH FL	2.1 TITLE:	2.2 NAME:
TITLE: SD	NAME: MOSS, TYCENA STREET ADDRESS: 916 SW 3RD ST CITY-ST-ZIP: DELRAY BEACH FL	3.1 TITLE:	3.2 NAME:
TITLE: Y	NAME: EVANS, MARY A. STREET ADDRESS: 205 SW 6TH AVENUE CITY-ST-ZIP: DELRAY BEACH FL	4.1 TITLE:	4.2 NAME:
TITLE: D	NAME: JACKSON, YVETTE STREET ADDRESS: 42 NW 11TH AVE CITY-ST-ZIP: DELRAY BEACH FL	5.1 TITLE:	5.2 NAME:
TITLE: D	NAME: THOMAS, WILLIE LEE STREET ADDRESS: 315 N.W. 11TH AVE. CITY-ST-ZIP: DELRAY BEACH FL	6.1 TITLE:	6.2 NAME:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert L. Howard* DATE: 2/4/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)