

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

0033384

DOCUMENT # 707961

1. Entity Name

EBENEZER WESLEYAN METHODIST CHURCH, INC.

01-13-2001 90060 012 ****70.00

Principal Place of Business

Mailing Address

201 S.W. 6TH AVE.
 DELRAY BEACH FL 33444-2537

201 S.W. 6TH AVE.
 DELRAY BEACH FL 33444-2537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2544866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, ROBERT L.
580 N.W. 4TH STREET
DELRAY BEACH FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D BROWN, WITHLEAN**
 STREET ADDRESS **812 SW 3RD ST.**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP ROKER, MARLENA**
 STREET ADDRESS **802 N.E. SECOND CT.**
 CITY-ST-ZIP **BONYTON BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD SPELLS, "VETA"**
 STREET ADDRESS **5311 WOODLAND DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T EVANS, MARY A.**
 STREET ADDRESS **205 SW 6TH AVENUE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JACKSON, YVETTE**
 STREET ADDRESS **42 NW 11TH AVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D THOMAS, WILLIE LEE**
 STREET ADDRESS **315 N.W. 11TH AVE.**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERTA W. F. [Signature]

01-07-201 (561) 278-8837

Date

Daytime Phone #

CR2E037 (10/00)