

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90033 040 ****70.00

DOCUMENT # 707961

1. Entity Name

EBENEZER WESLEYAN METHODIST CHURCH, INC.

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	D	<input type="checkbox"/> Delete
NAME	BROWN, WITHLEAN	
STREET ADDRESS	812 SW 3RD ST.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROKER, MARLENA	
STREET ADDRESS	802 N.E. SECOND CT.	
CITY-ST-ZIP	BONYTON BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPELLS, "VETA"	
STREET ADDRESS	5311 WOODLAND DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, MARY A.	
STREET ADDRESS	205 SW 6TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, YVETTE	
STREET ADDRESS	42 NW 11TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, WILLIE LEE	
STREET ADDRESS	315 N.W. 11TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *ROBERT L. HOWARD* (ROBERT L. HOWARD) 01/14/02 (561) 272-8837

CR2E037 (9/01)