


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90056 014 \*\*\*\*70.00

**DOCUMENT # 707961**

1. Entity Name  
**EBENEZER WESLEYAN METHODIST CHURCH, INC.**



Principal Place of Business      Mailing Address

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

**50014486**



01102005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2544866</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

8. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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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: Veta Spells      Veta Spells      2-7-05 (561) 498-3304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #