


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



01142006 No Chg-NP      CR2E037 (11/05)

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

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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, WITHLEAN 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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 02/07/06-80080-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** *Jan 23, 2006*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #