


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 707961 1. Entity Name EBENEZER WESLEYAN METHODIST CHURCH, INC.	
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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
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01312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2544866	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000628358
02/16/07-80012-012 70.00

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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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: Veta Spells, Secretary 2-5-07 561-276-8373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If