


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90019 028 \*\*\*\*70.00

**DOCUMENT # 707961**  
 1. Entity Name  
**EBENEZER WESLEYAN METHODIST CHURCH, INC.**



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

40024746



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2544866

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

7. Name and Address of New Registered Agent

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. 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 reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> Delete
NAME	THOMAS, WILLIE LEE	
STREET ADDRESS	315 N.W. 11TH AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Cephas Wendell	
STREET ADDRESS	812 S. W. 3rd St.	
CITY-ST-ZIP	Delray Beach, FL 33444	
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 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 2/4/08 (561) 272-8837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #