


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90027 041 \*\*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2544866** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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)

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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** 1/14/2003 1561/272-9018

CR2E037 (10/02)